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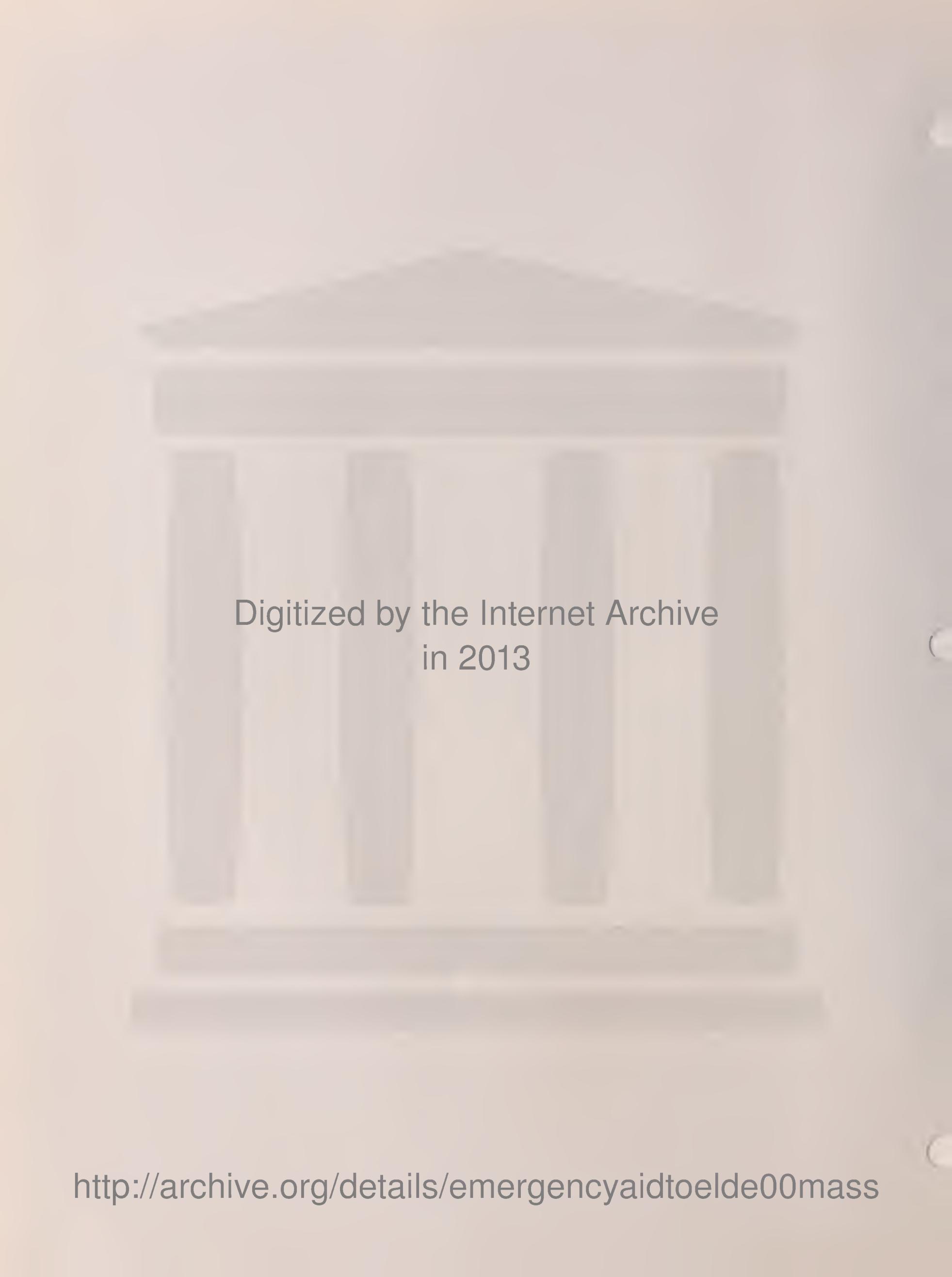
*The Commonwealth of Massachusetts*  
*Massachusetts Department of Public Welfare*

Gov. John W. Blodget  
COLLECTION

AUG 13 1993

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Library, Boston

**EMERGENCY  
AID TO THE  
ELDERLY, DISABLED  
AND CHILDREN  
MANUAL**

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<http://archive.org/details/emergencyaidtoelde00mass>

317.001: Temporary Authority for the General Relief Program

By operation of Chapter 255 of the Acts of 1991, the Department no longer has authority to administer a program of General Relief. Chapter 255 of the Acts of 1991 has established a new program entitled Emergency Aid to the Elderly, Disabled and Children (EAEDC) program.

During the transition from the General Relief program to the Emergency Aid to the Elderly, Disabled and Children program, it will be necessary to have regulations in effect for each program. Applications for General Relief may not be made after October 12, 1991. Eligibility of applicants and recipients prior to October 12, 1991 will be determined in accordance with the General Relief regulations. For purposes of notices and hearings, the authority for terminating General Relief pursuant to Chapter 255 of the Acts of 1991 shall be this section.



SECTION

318.XXX

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318.000: Overview of General Policies

This chapter provides an introduction to the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program in the Commonwealth of Massachusetts and to the Department of Public Welfare, which administers the program.

The policies described in this chapter are the basis for the administration and functioning of the program; eligibility policies are discussed in Chapter 320: Categorical Requirements, and Chapter 321: Financial Eligibility. The subjects covered herein are:

- (A) Authority for the Department of Public Welfare, 106 CMR 318.100;
- (B) The Emergency Aid to the Elderly, Disabled and Children Program, 106 CMR 318.200;
- (C) Rights of Applicants and Recipients, 106 CMR 318.300;
- (D) Responsibilities of Applicants and Recipients, 106 CMR 318.400;
- (E) Definition of Terms, 106 CMR 318.500.

318.100: Authority for the Department of Public Welfare

The Massachusetts Department of Public Welfare is created by Massachusetts General Laws Chapter 18, as amended. Under this law, the Department administers various programs established by General or Special Laws of the Commonwealth and by Executive Order of the Governor of the Commonwealth.

The rules, regulations, and policies of the Department are promulgated and implemented in accordance with General Laws Chapter 30A, as amended, and in accordance with other applicable General Laws of the Commonwealth. The regulations of the Department are found in Title 106 of the Code of Massachusetts Regulations (CMR).

318.110: Programs Administered by the Department

The various programs administered by the Department include the following:

- (A) Aid to Families with Dependent Children (AFDC);
- (B) Emergency Aid to the Elderly, Disabled and Children (EAEDC);
- (C) Emergency Assistance (EA);
- (D) Food Stamps (FS);
- (E) Medical Assistance (MA); and
- (F) Refugee Resettlement Program (RRP).



The administrative and eligibility requirements of these programs are provided in the appropriate Department regulations. Benefits of programs other than the EAEDC Program that may be available to recipients of EAEDC, such as Medical Assistance and Food Stamps, are summarized in these regulations.

#### 318.120: Limitation on Program Eligibility

EAEDC recipients may receive Medical Assistance (MA) and Food Stamps (FS) while on EAEDC; but they are not concurrently eligible for any of the following: Aid to Families with Dependent Children (AFDC); Refugee Resettlement Program (RRP); Supplemental Security Income (SSI); Veterans' Services Benefits (VSB); or Unemployment Compensation.

#### 318.200: The Emergency Aid to the Elderly, Disabled and Children Program

The EAEDC Program is a program that provides financial assistance to qualified elderly and disabled persons, participants in MRC programs, certain families and certain students who meet the program requirements. Emergency Aid to the Elderly, Disabled and Children (EAEDC) is administered by the Department of Public Welfare in accordance with Chapter 255 of the Acts of 1991 and the rules, regulations and policies specified in the following chapters and subject to appropriation.

#### 318.210: Administration of the EAEDC Program

The policies of the EAEDC Program are formulated by the Department's central office. The central office provides the general administrative direction for the program.

Benefits are provided to applicants and recipients through a system of area offices and branch offices.

#### 318.220: Availability of EAEDC Benefits

EAEDC benefits provided by the Department are available to eligible applicants and recipients on a statewide basis. The standards for determining financial eligibility and the amount of assistance are established on an objective and equitable basis in accordance with Department regulations.

Only the benefits authorized in these regulations may be provided by the Department.

#### 318.230: Obtaining EAEDC Benefits

EAEDC applicants and recipients obtain benefits through contact with workers in the Department's area offices and branch offices. These workers carry out the Department's responsibility to:

- (A) Advise applicants and recipients of the requirements and benefits of the program;
- (B) Advise applicants and recipients of their rights and responsibilities;



- (C) Respect the rights of applicants and recipients;
- (D) Determine eligibility and amount of the grant; and
- (E) Perform the auxiliary administrative activities required.

#### 318.240 The EAEDC Manual

The EAEDC Manual contains policies and standards for the EAEDC Program administered by the Department. The manual constitutes the regulations of the Department and has the authority of law. Workers must cite the relevant regulations as support for case actions. The authoritative text of the manual is that published by the Secretary of State of the Commonwealth of Massachusetts.

Copies of the manual are available to the public for inspection at the Department's area and branch offices.

#### 318.300: Rights of Applicants and Recipients

The policies of the EAEDC Program must be administered in accordance with the rights guaranteed to applicants and recipients by Massachusetts law and the policies of the Department and general principles of privacy and personal dignity. Applicants and recipients must be treated with consideration and respect and must be able to discuss their requests with a worker in privacy. Workers may not enter a home by force or under false pretenses, make unnecessary home visits outside of working hours, or conduct searches in the home.

#### 318.310: Right to Nondiscrimination and Equal Treatment

All activities conducted by the Department must be carried out in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), the Age Discrimination Act of 1975, as amended (42 U.S.C. § 6101 *et seq.*), and the Massachusetts Constitution. The Commonwealth of Massachusetts Department of Public Welfare does not discriminate on the basis of race, color, sex, national origin, handicap or age in admission or access to, or treatment or employment in, its programs or activities. An affirmative action officer has been designated to help coordinate the Department's effort to comply with the U.S. Department of Health and Human Services regulations (45 C.F.R. Parts 80, 84 and 91) implementing these Federal laws. For further information about the regulations and the Department's grievance procedures for resolution of discrimination complaints, contact the Affirmative Action Officer, Department of Public Welfare, 600 Washington Street, Boston, MA. 02111.



318.320 Right to Confidentiality

The confidentiality of information in the case record is protected in accordance with the provisions of 106 CMR 100 through 108: Fair Information Practices.

Information in case records may be disclosed for certain purposes which do not violate this right to confidentiality.

318.330: Right to Information

The applicant or recipient or his or her designated representative has the right to inspect his or her own case record and to challenge information contained therein. The Department may correct inaccurate information in the case record pursuant to 106 CMR 106.000: Fair Information Practices Objections.

318.340: Right to a Fair Hearing

The applicant or recipient has the right to a fair hearing as set forth in 106 CMR 343.000: Fair Hearing Rules. Appeals for a fair hearing are discussed in 106 CMR 319.600.

318.350: Right to Representation

The applicant or recipient has a right to be assisted, accompanied and, when accompanied, represented by an individual of his or her choice in contacts with the Department and in the various aspects of the eligibility process.

318.400: Responsibilities of Applicants and Recipients

The applicant or recipient has specific responsibilities as described in 106 CMR 318.410 through 318.440.

318.410: Responsibility for Providing Verifications

To establish eligibility for EAEDC, the applicant/recipient must meet categorical and financial eligibility factors. He or she must submit verifications required by EAEDC policy to demonstrate that these eligibility factors have been satisfied.

The applicant/recipient has the primary responsibility for providing the verifications required to establish eligibility for EAEDC. The worker is responsible for explaining the verification process to the applicant/recipient, identifying the specific verifications that must be submitted and all alternative verifications which establish the eligibility factor, and assisting in obtaining required verification(s) when the worker is aware that the applicant/recipient is unable to obtain the verification. (See 106 CMR 319.310: Responsibility for Verification.)

If the required verification is dependent on a third party and if the applicant/recipient or the worker is unable to obtain it, the worker shall inform the applicant/recipient of the option to verify the eligibility factor by a self-declaration or third-party statement in



accordance with 106 CMR 319.340(B).

If the required documentation is not submitted and the worker is unable to obtain such verification or to determine if the EAEDC eligibility factors have been met, assistance for the affected household member(s) must be denied/terminated/reduced.

#### 318.420: Responsibility for Notification of Changes

The applicant or recipient is required to report to the Department within 10 calendar days any changes in his or her circumstances that may affect his or her eligibility or the amount of the grant.

#### 318.430: Responsibility for Furnishing Information

The applicant or recipient must provide information in response to requests from the Department's workers and its Division of Quality Control if such information is requested for purposes of program administration.

#### 318.440: Responsibility for Cooperating in the Eligibility Determination Process

The recipient is responsible for keeping appointments scheduled by the Department for the purpose of redetermining eligibility. Failure to be present for a scheduled home visit or office appointment constitutes failure to cooperate in the eligibility determination process and renders the recipient ineligible for EAEDC unless he or she contacts the worker before or on the date of the appointment to reschedule.

The rescheduled appointment must be conducted within 10 calendar days of the original appointment. Failure to keep such appointments shall constitute failure to cooperate in the eligibility determination process unless the recipient contacts the worker prior to the appointment and one of the following applies:

- . the recipient or other family member was ill or incapacitated;
- . the recipient was not adequately notified of this appointment; or
- . other circumstances beyond the control of the recipient prevented him or her from keeping the appointment.

Assistance shall be terminated upon proper notification when the worker is unable to complete the redetermination due to lack of response to the redetermination notice.



318.450: Photo Identification Cards**(A) Requirements**

The Department shall provide each grantee (see 106 CMR 318.500), with a photo identification card.

- (1) If the grantee is not a food stamp head of household, no fees will be charged for either the original or any subsequent replacement photo identification cards.
- (2) If the grantee is also a food stamp head of household, no fee will be charged for either the original or first-replacement photo identification card. However, beginning with the second replacement and each photo identification replacement thereafter, a fee will be charged. The fee, as determined by the Department, but not exceeding the total costs of production of the photo identification, must be paid by either check or money order. Cash payment will not be accepted.

The replacement fee, when applicable, must be paid at the time the photograph is taken for the chargeable replacement photo identification. A temporary identification must be issued to allow the transaction of one additional food stamp ATP pending either payment of the replacement fee or actual receipt of the replacement photo identification.

**(B) Exceptions**

In the situations outlined below, an identification card containing the photograph of the grantee is not required. The Department shall issue these individuals an identification card annotated to show that an exception to the photograph requirement has been granted.

- (1) A grantee whose religion does not allow him or her to be photographed. The Department shall require such individuals to provide a signed statement that his or her religious beliefs do not allow him or her to be photographed. The statement shall specify the biblical or other basis for his or her religious belief and shall be filed in the case record.
- (2) A grantee unable to come to the local office due to serious personal illness expected to last 60 days or more shall be issued an identification card that does not contain a photograph. The illness must be verified by a written statement from a competent medical authority (see 106 CMR 318.500) giving the expected duration of the illness. At the expiration of this verification the grantee must either surrender the identification card without a photograph and cooperate in obtaining a photo identification card or submit a new medical statement verifying continued illness.



A grantee unable to come to the local office due to a personal illness expected to last less than 60 days shall be issued a temporary identification card. The illness must be verified by a written statement from a competent medical authority (see 106 CMR 318.500) giving the expected duration of the illness. At the expiration of this verification the grantee must either submit a new medical statement or cooperate in obtaining a photo identification card.



318.500: Definition of Terms

Certain terms have a specialized meaning in the administration of the EAEDC Program. This section provides a brief definition of these terms and a manual reference where a more complete definition and any program requirements may be found.

Terms which are used according to their standard dictionary definitions are not included.

(A) Appeal

An appeal is a written request for a fair hearing on an action proposed or taken by the Department or on the Department's failure to act.

Manual Reference: 319.600, 343.000

(B) Assets

Assets are objects of value, not defined as income herein, such as personal property, real estate, automobiles, life insurance, cash and bank deposits, securities, and certain other items.

Manual Reference: 321.100

(C) Assistance Unit

The assistance unit is composed of those person(s) whose needs are considered in determining eligibility and the amount of the grant, and who are eligible to receive benefits under Emergency Aid to the Elderly, Disabled and Children (EAEDC). All persons required to be in the assistance unit must be included in the filing unit.

Manual Reference: 321.310

(D) Auxiliary Activities

Auxiliary activities are those administrative actions necessary to ensure that the benefits authorized for eligible recipients are provided in a timely and accurate manner.

Manual Reference: 323.000 - 323.710

(E) Case Record

The case record is the permanent collection, in written form, of the information necessary for determining eligibility and providing benefits and referrals for services.

Manual Reference: 319.410



(F) Competent Medical Authority

A competent medical authority is a physician or psychiatrist licensed by the Commonwealth of Massachusetts or an out-of-state physician or psychiatrist who is enrolled in the Massachusetts Medical Assistance program as a provider, or a physician or psychiatrist from a Veterans Administration Hospital or clinic, or a physician or psychiatrist from the Massachusetts Departments of Public Health or Mental Health facility(ies).

Manual Reference: 320.200

(G) Disabled Person

A disabled person is one who is under the age of 65 and who meets the medical criteria for disability that are required for eligibility for the EAEDC program.

Manual Reference: 320.200, 320.210, 320.220

(H) Dependent Child

A dependent child is a needy child who is under the age of 18 living with his or her natural or adoptive parents or other adult grantee a majority of the time.

The term dependent child, as used throughout these regulations, is understood to include the plural.

Manual Reference 320.400

(I) Elderly Person

A person age 65 or older who meets the requirements for eligibility for the EAEDC program.

Manual Reference: 320.100

(J) Eligibility Process

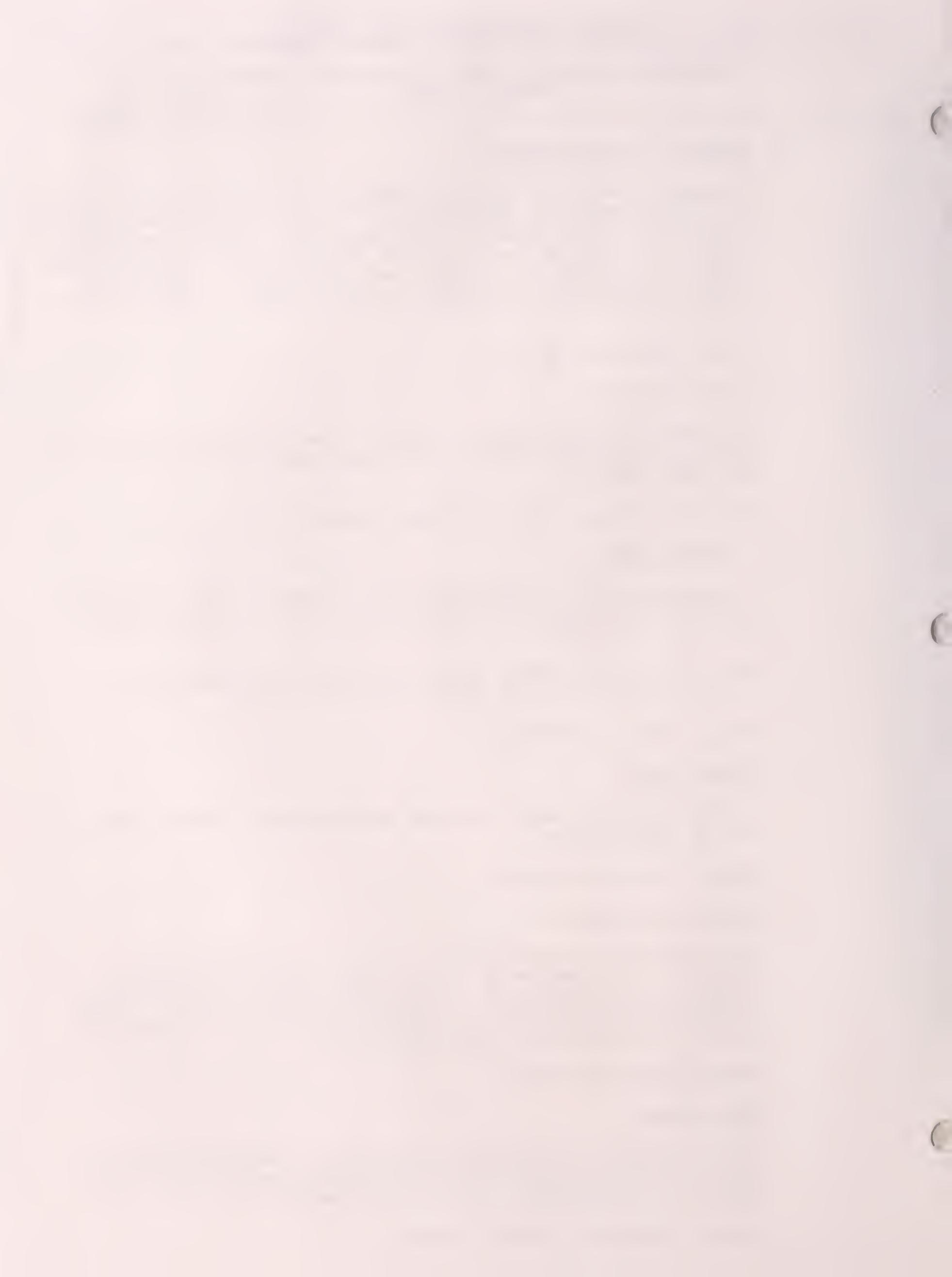
The eligibility process consists of those activities that are required in all cases as part of the basic provision of benefits. These activities begin with the application for assistance, include redetermination of eligibility and case maintenance activities, and end with notification and appeal provisions.

Manual Reference: 319.000

(K) Fair Hearing

A fair hearing is a proceeding conducted by an impartial officer of the Division of Hearings to review an action proposed, taken or not taken by the Department, which has been appealed.

Manual Reference: 319.600, 343.050



(L) Filing Unit

The filing unit comprises those persons whose income and assets must be considered in determining eligibility and the amount of the grant for the assistance unit, regardless of whether they are included in the assistance unit.

Manual Reference: 321.320

(M) Grant

The grant is the total amount of financial assistance that an assistance unit is eligible to receive on a monthly basis. It is paid in the form of semi-monthly checks to the grantee, or in the form of vendor payments to providers of goods and services on behalf of recipients.

Manual Reference: 321.500

(N) Grantee

The grantee is the person who receives the grant for the assistance unit.

Manual Reference: 320.400

(O) Household

The household comprises all those persons who live together. The assistance unit, the filing unit, and the household may or may not be the same group of persons.

Manual Reference: 320.400

(P) Income

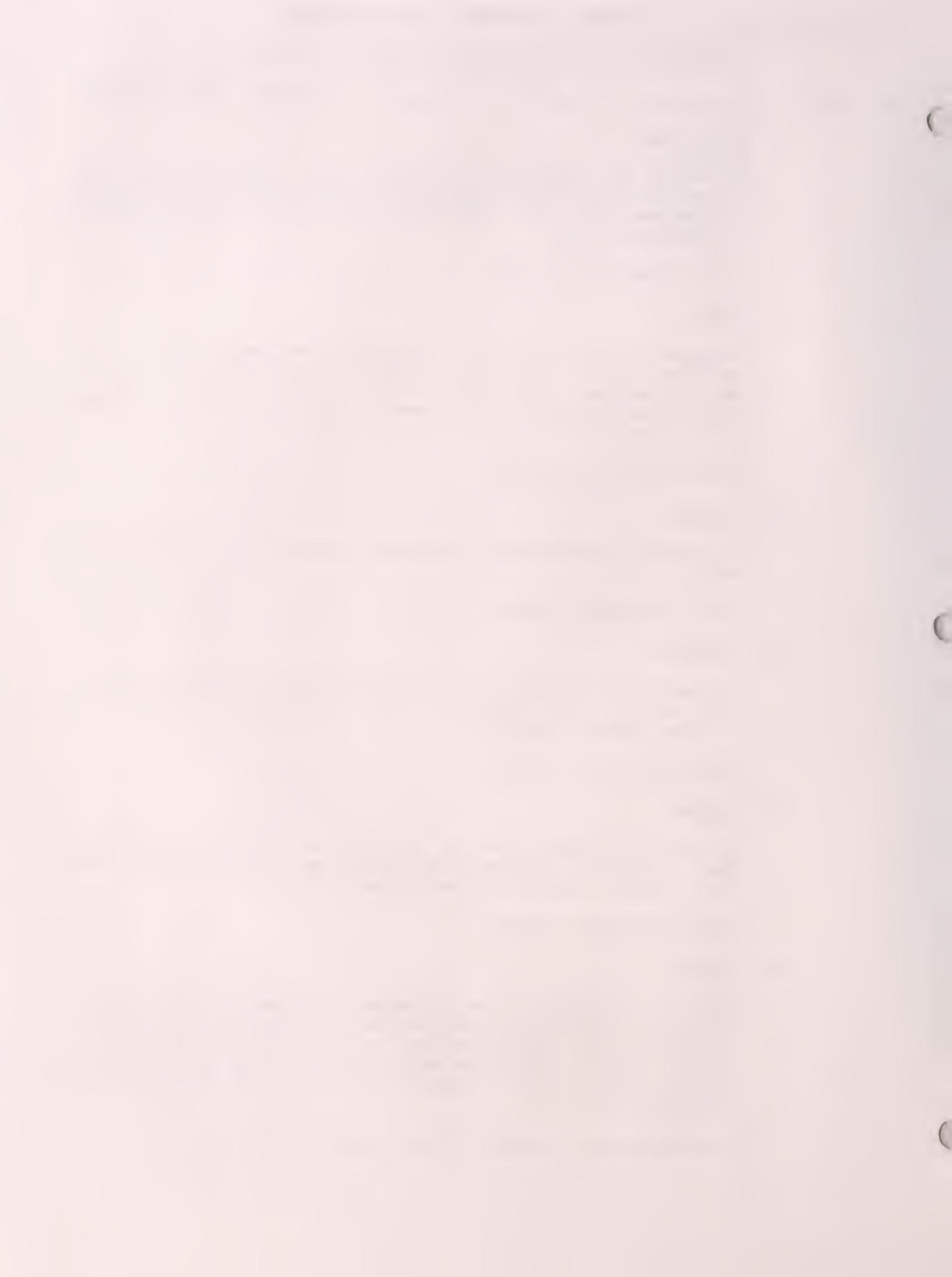
Income is any money, goods, or services, not defined as assets in these regulations, received from any source, such as salaries, wages, tips, bonuses, annuities, free shelter or utilities.

Manual Reference: 321.200

(Q) Notice

Notice is a written statement of an action proposed or taken by the Department, including the reasons for the action, an appropriate citation to these regulations, and an explanation of any right to appeal. Timely notice is mailed in advance of the date the proposed action is effective, or in specific cases, no later than the date the action is effective.

Manual Reference: 319.500, 343.140, 343.200, 343.210



(R) Recipient

A recipient is any person included in the assistance unit.

Manual Reference: 321.310

(S) Redetermination

A redetermination is a periodic reevaluation of eligibility.

Manual Reference: 319.200

(T) Related Benefits

Related benefits are benefits other than the grant that are authorized by the EAEDC program.

Manual Reference: 322.000

(U) Standard of Assistance

The standard of assistance is the maximum amount that an assistance unit may receive as a monthly grant.

Manual Reference: 321.420

(V) Vendor Payments

Vendor payments are payments that are made directly to a provider of goods or services on behalf of a recipient of EAEDC. Vendor payments include protective payments made because of mismanagement of funds.

Manual Reference: 323.600

(W) Verification

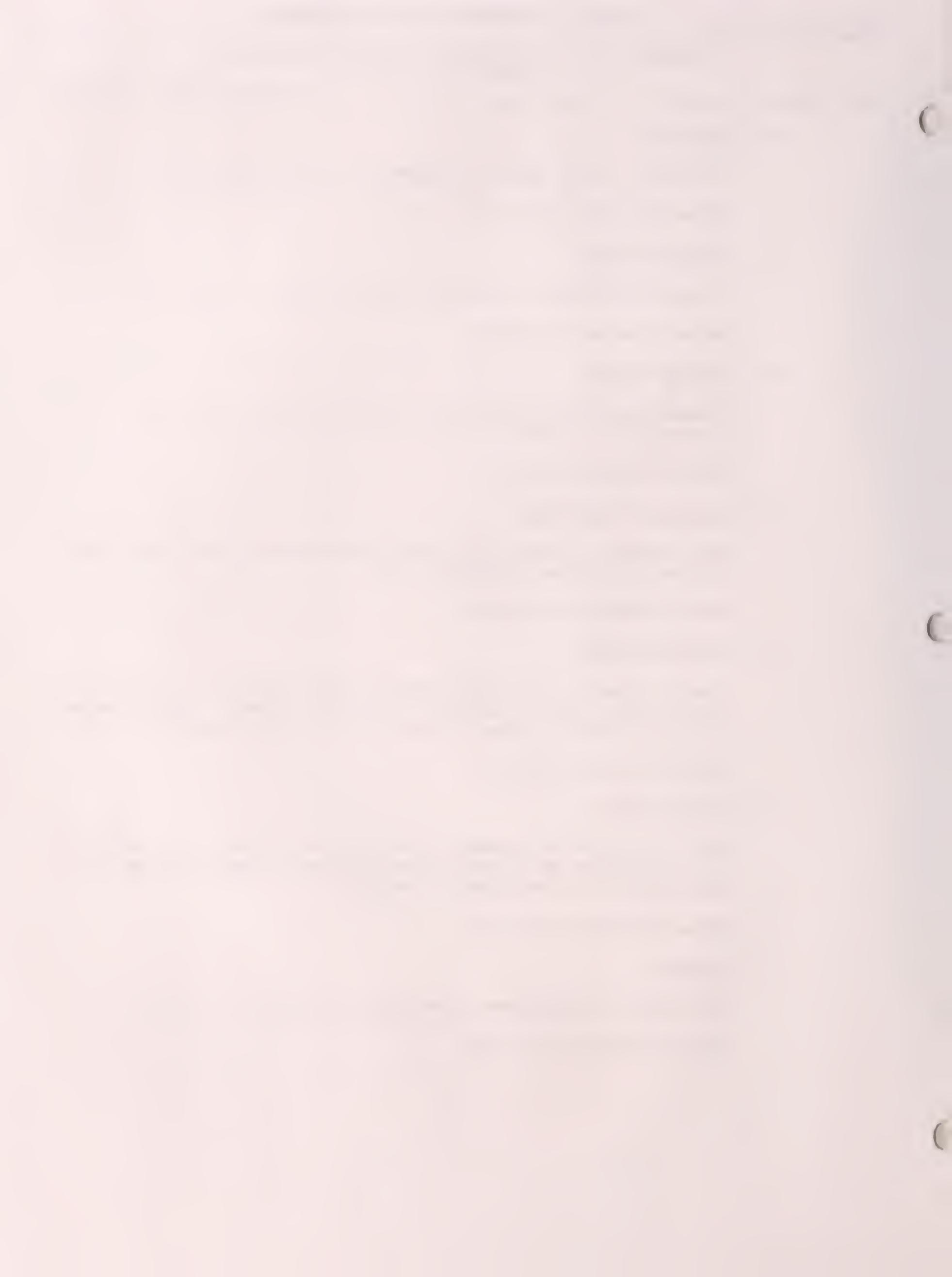
Verification is the process of ensuring the validity of a statement or circumstance for purposes of determining or redetermining the eligibility of an applicant or recipient.

Manual Reference: 319.300

(X) Voucher

A voucher is a Department form authorizing a vendor payment.

Manual Reference: 323.600



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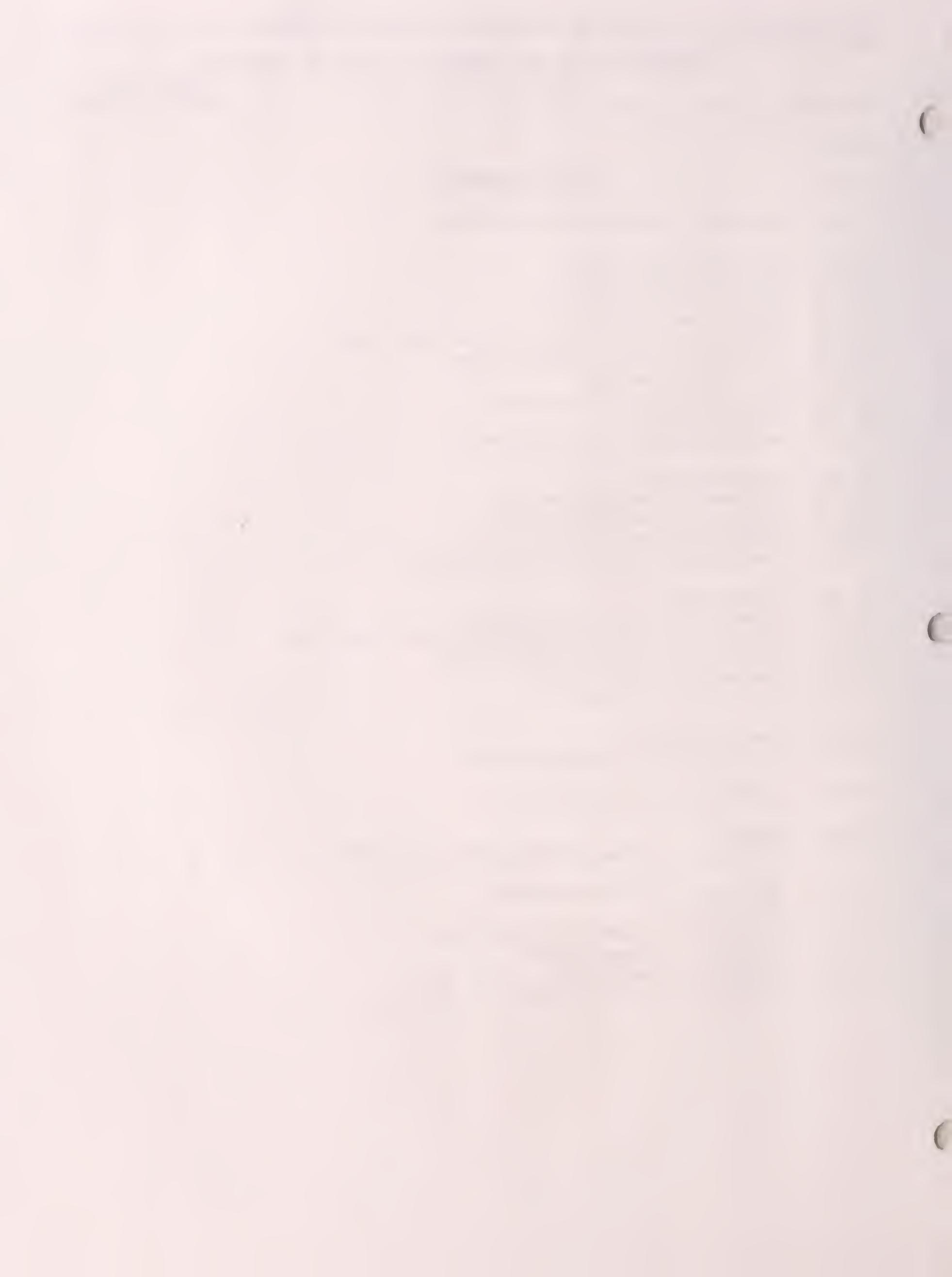
319.710 SSI Benefits

319.715 Unemployment Compensation Benefits

319.720 Veterans' Services Benefits

319.730 Medical Assistance (MA)

319.800 Assignments for Third Party Recoveries



319.000: Overview of the Eligibility Process

The eligibility process consists primarily of the determination and redetermination of eligibility. Verification, case maintenance, notification, and consideration of the appeal, if any, are activities which support the determination and redetermination of eligibility.

The various activities that compose the eligibility process are described in the following sections:

- (A) Applications, Section 319.100;
- (B) Redeterminations, Section 319.200;
- (C) Verification, Section 319.300;
- (D) Case Maintenance, Section 319.400;
- (E) Notification, Section 319.500;
- (F) Appeals, Section 319.600;
- (G) Development of Other Benefits, Section 319.700; and
- (H) Assignments for Third Party Recoveries, Section 319.800.

319.100: The Application Process

The application process consists of all the activities conducted for the purpose of determining the eligibility of an EAEDC applicant. These activities are initiated with the filing of an application and concluded with a final disposition of the application.

319.110: Filing of Applications(A) Right to Apply

Every person has the right, and must be afforded the opportunity, to apply for EAEDC. Individuals who inquire about assistance must be provided with oral and written informational material about the benefits, conditions of eligibility, rights and responsibilities associated with the EAEDC Program.

If requested, an application must be taken even though an individual appears to be ineligible.



(B) Definition

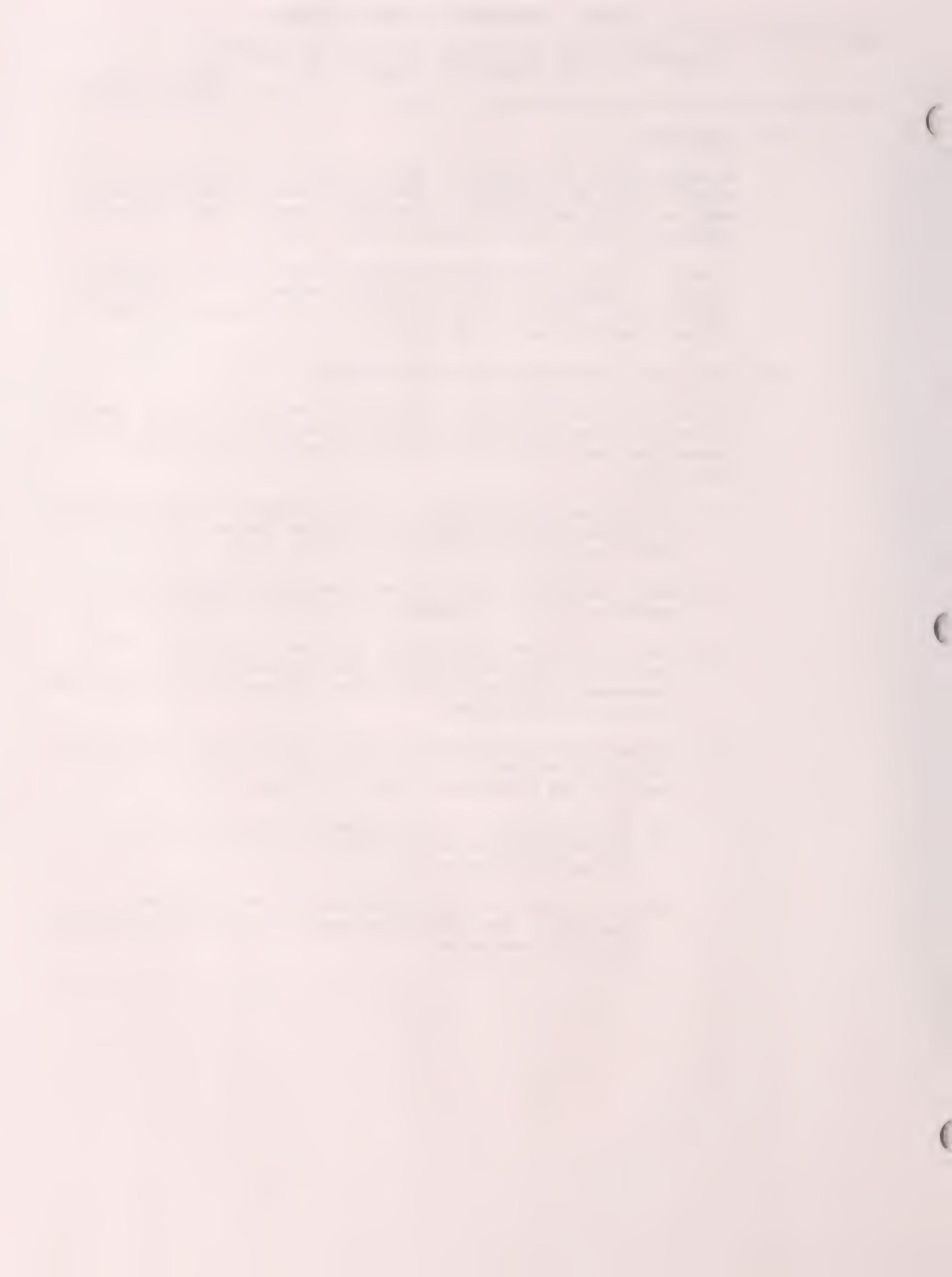
An application is a signed and dated request for assistance on a form prescribed by the Department. The application is filed when the applicant signs and dates the prescribed form(s). The application is completed by the worker during an intake interview.

An application is distinguished from an inquiry, which is simply a request for information about the EAEDC Program or its eligibility requirements. An inquiry may result in an application, referral to another agency, or no further action.

(C) Activities to be Completed Within 24 Hours

If the worker cannot complete the application form within 24 hours of filing, excluding weekends and holidays, he, she, or a Department representative, shall within 24 hours, complete the following activities:

- (1) Log the case in Department records. Logging includes recording the applicant's name, address, telephone number, and the date on which the application for assistance was filed;
- (2) Ask the applicant about, and make provisions to meet, his or her immediate needs, in accordance with 106 CMR 319.130(F);
- (3) Orally inform the applicant of the steps that he must take to complete the application and of general verification requirements and have the applicant sign and date the first part of the application form;
- (4) Schedule within seven calendar days any additional interview(s) that may be necessary to permit mailing of the first check or denial of the application within 30 calendar days.
  - (a) If the applicant fails to appear for the scheduled interview, the interview shall be rescheduled for the earliest possible date.
  - (b) If the applicant fails to appear for two scheduled interviews, the application shall be denied for unreasonable failure to cooperate.



319.120: The Application Interview

Each determination of eligibility shall include a face-to-face interview between the applicant and a worker.

319.130: Application Activities(A) Completion of Forms

The form for the determination of initial eligibility shall be specified by the Department. The worker is responsible for the completion of the form which is then signed by both the worker and the applicant.

(B) Identification of the Applicant

The worker must establish the identity of the applicant. Proof of identity may be a Social Security card, driver's license, voter registration card, military service papers, marriage license, employment papers or any of the items in 106 CMR 320.500 used in the verification of age.

(C) Development of Other Benefits

The worker must review with the applicant any other benefits which the applicant or member(s) of the assistance unit may be entitled such as Social Security, SSI, Veterans' Services Benefits (VSB), Unemployment Compensation, or Workers' Compensation. See 106 CMR 319.700: Development of Other Benefits.

(D) Explanation of Rights and Responsibilities

The applicant must be informed at the time of application of the rights and responsibilities associated with the EAEDC Program. See 106 CMR 318.300: Rights of Applicants and Recipients, and 106 CMR 318.400: Responsibilities of Applicants and Recipients.

(E) EAEDC-Related Benefits and Services

The worker must inform the applicant that eligibility for EAEDC benefits will confer eligibility for EAEDC Medical Services; that he or she may choose to apply for food stamps as part of the EAEDC application process and that his or her food stamp eligibility will be determined according to food stamp eligibility criteria. He or she may make a separate application for Medical Assistance. The worker must make any necessary arrangements for referrals for other EAEDC-related benefits or services. See Chapter 322: Related Benefits.



(F) Immediate Needs

At the intake interview, or within 24 hours of the filing of the application if the intake interview cannot be held immediately, the worker must ask the applicant if he or she is in immediate need of food, shelter (including rent, fuel and utilities) or medical care. If so, and if the applicant appears to be eligible based on the information available, the worker shall inform the applicant of the option to receive an advance on the EAEDC payment in the form of a shelter voucher; of the availability of an over-the-counter Authorization to Participate (ATP) for food stamps; of the option to receive an advance on the EAEDC payment in the form of a food voucher if he or she appears to be ineligible for food stamps; of the option to receive a temporary MassHealth card, if needed.

If any of the above is requested, and the applicant appears to be eligible for EAEDC, the worker shall provide the food and shelter vouchers and the OTC/ATP immediately, and the Temporary MassHealth Card within one working day of the request.

(G) Verification of Information

The worker shall require verification of the applicable eligibility factors for which verification is currently required. See 106 CMR 319.300: Verification and 106 CMR 319.310: Responsibility for Verification.

The worker shall also inform the applicant of the required verification(s) by a written notice on a form prescribed by the Department. The notice shall include a list of common forms of documentation that may be submitted to satisfy the verification requirement and a statement advising the applicant of the availability of worker assistance. The form should be given to the applicant immediately but in any case must be received by him or her within seven calendar days of the date of application.

319.135: Responsibility for Eligibility Determination

Individuals and families shall make application at the local office serving the community in which they currently reside.

If the applicant subsequently moves to an area covered by another office before a determination of eligibility is made, the original office shall retain responsibility for completing the application process. The new office shall cooperate with the original office and shall assist the applicant when necessary. If the applicant is determined eligible, the case shall be established and transferred by the original office within 10 calendar days of the eligibility determination to the new office.

319.140: Concluding the Application Process

The application process shall be concluded by a determination of approval or denial of assistance unless the applicant voluntarily withdraws his or her application.



The approval or denial must be fully supported by the facts recorded in the case record.

Immediately upon the determination, adequate notice (see 106 CMR 319.500: Notification of Proposed Action) shall be sent to the applicant, or next of kin, if appropriate.

(A) Eligibility

If the applicant is determined to be eligible, he or she shall be notified in writing of the approval. The notice to the applicant shall include the effective date of eligibility; the amount of assistance authorized; the calculations used in the income determination; and an explanation of the right to appeal.

(B) Ineligibility

If the applicant or any other family member(s) for whom assistance is requested is determined to be ineligible, the applicant shall be notified in writing of the denial.

If the worker is unable to complete the application process solely because of the lack of verification(s) required to make a determination of eligibility, assistance shall also be denied. The written notice of denial shall include the reason(s) for the denial; the specific regulations supporting the denial; and an explanation of the right to appeal. If eligibility is denied because the assistance unit's income exceeds the Standard of Assistance, the notice shall also include the calculations used in the income determination.

If the applicant appeals a denial in which the sole issue is the lack of verification and if the applicant subsequently provides the required verifications during the appeal process, an adjustment may be made in accordance with 106 CMR 343.350(B)(1) of the Fair Hearing Regulations.



(C) Voluntary Withdrawal

The applicant may voluntarily withdraw his/her application at any time. The request must be made in writing and must be confirmed by a notice sent to the applicant and recorded in the case record.

(D) Death

If the worker is advised of the death of the applicant, assistance is denied. Verification of the death consists of contact with the funeral director or an appropriate third person, or a newspaper obituary or other media communication.

In cases of death, the worker must send a letter to the personal representative of the estate advising that assistance is being denied, and stating the reason.

(E) Unable to Locate

If the worker is unable to locate the applicant after reasonable attempts, assistance must be denied. The worker shall notify the applicant by mail at the given address of these efforts and allow a reasonable time for response. If no response is received or if mail is returned by the postal service as undeliverable with no forwarding address, assistance is denied.

319.150: Date Assistance Begins

Assistance to eligible applicants begins on the date of application provided the submitted verifications demonstrate that the applicable categorical and financial eligibility factors have been met as of that date. The date of application is the date on which the full application form was signed and dated, or the date on which the first part of the application form was signed and dated and the case was logged in Department records, whichever is earlier.

If the verifications submitted during the application process do not establish eligibility on the date of application, assistance begins on the date on which the verifications demonstrated that the eligibility requirements in Chapters 320 and 321 have been met by the applicant, provided this date does not precede the date of application.

319.160: Time Standards for Applications

(A) Completed Verifications

For those applicants who provide all required verifications within 22 calendar days of the date of application, the determination of eligibility shall be completed so that the first check or notice of denial is mailed within 30 calendar days of the date of application.



**(B) Extensions**

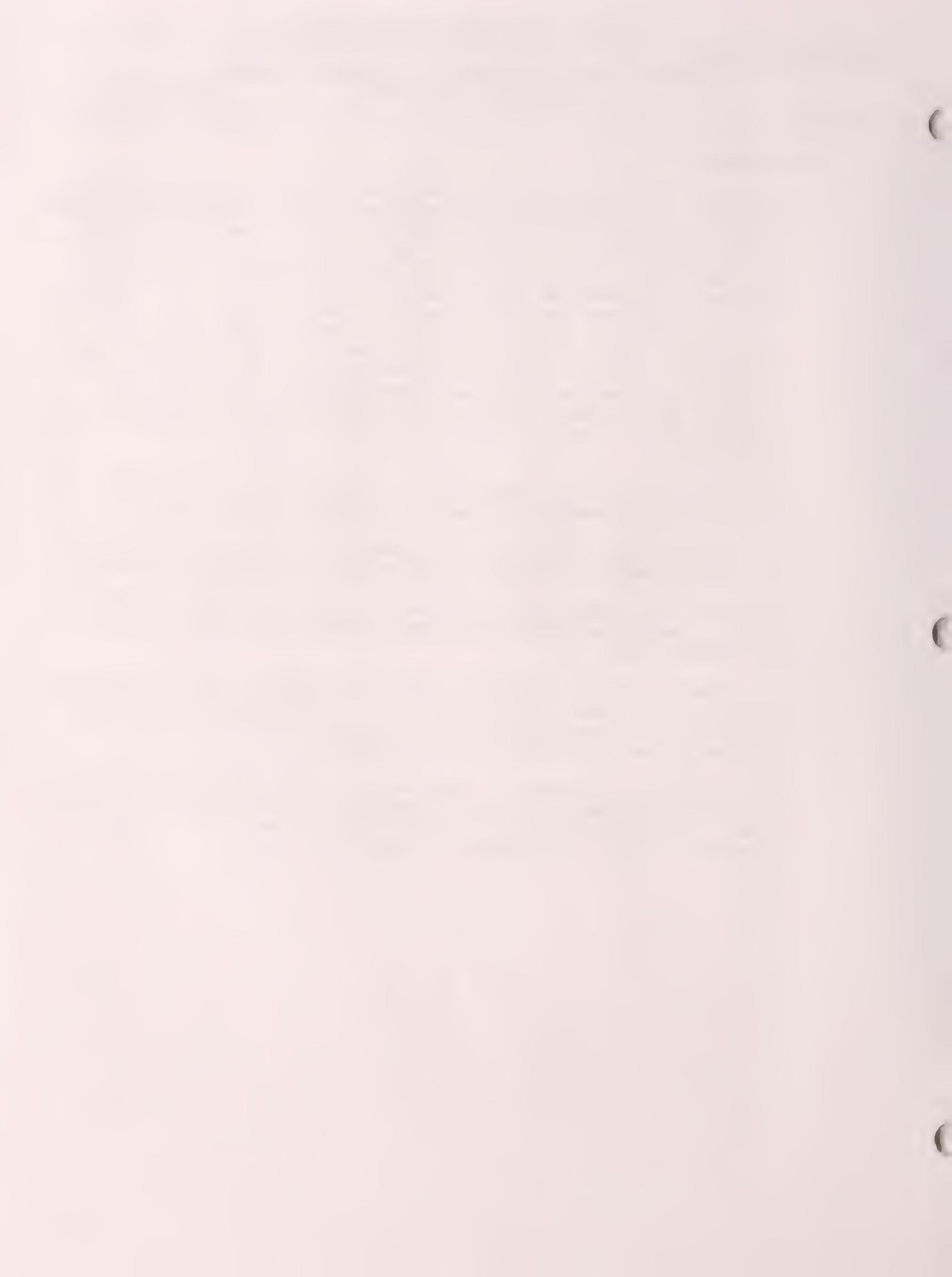
Applicants who have not submitted verifications by the 22nd calendar day from the date of application shall receive an eight-calendar-day extension to obtain and submit the required verifications. At the time the eight day extension is granted, the worker shall send the applicant a list of all outstanding eligibility factors to be verified and the alternative verifications allowed for those eligibility factors. The worker shall advise the applicant that assistance is available to obtain such verification. An additional 15-calendar-day extension may be granted to applicants who make a written request for such an extension and who have a reasonable explanation for not having submitted all verifications. The applicant's written request for an extension must be received by the office by the 30th day following the date of application. Reasonable explanations for granting an extension include but are not limited to the following:

- (1) the verification is dependent on a third party and the applicant has taken all necessary steps on his or her part to obtain it;
- (2) demonstrated serious illness or incapacity of the applicant or other family member has delayed provision of the required verifications.

The worker shall make a determination of eligibility so that a check or notice of denial is mailed within eight calendar days of the receipt of all verifications.

If by the last day of the initial eight-day extension period the applicant fails to either submit all verifications or request an additional extension, the worker shall deny the application for lack of verification(s) required to make a determination of eligibility.

If an additional extension is requested and granted and by the final day of the 15-day-extension period the applicant fails to submit all verifications, the worker shall deny the application for lack of verification(s) required to make a determination of eligibility.



319.170: Reapplication

An individual whose application for EAEDC has been denied has the right, and must be afforded the opportunity, to reapply for EAEDC in accordance with 106 CMR 319.100 through 319.160.

If a reapplication is submitted, it shall be associated with the original application and the applicant shall not be required to resubmit any verifications that are in the case record that are not subject to change.

319.180: Meeting Application Time Standards

- (A) If an applicant submits all required verifications, and an initial check or notice of denial is mailed within 30 calendar days of the date of application, the Department shall be considered to have met its application time standards.
- (B) If an applicant was informed orally within 24 hours of the date of application of general verification requirements and in writing within seven calendar days of the date of application of specific verification requirements (see 106 CMR 319.110(C) and 319.130(G)), the Department shall be considered to have met its application time standards if:
  - (1) The applicant submits all required verifications within 22 calendar days of the date of application and an initial check or notice of denial is mailed within 30 calendar days of the date of application; or
  - (2) The applicant is granted an extension under 106 CMR 319.160 and an initial check or notice of denial is mailed within eight calendar days of the receipt of all verifications.
- (C) If an applicant was informed orally within 24 hours of the date of application of general verification requirements (see 106 CMR 319.110(C)), but due to the applicant's failure to keep a scheduled appointment (see 106 CMR 319.110(C)(4)) was not informed in writing within seven calendar days of the date of application of specific verification requirements (see 106 CMR 319.130(G)), the Department shall be considered to have met its time standards if:



- (1) The applicant is provided with a written notice of the specific verification requirements at the time of the intake interview; and
- (2) An initial check or notice of denial is mailed within eight calendar days of receipt of all verifications.

#### 319.200: Redeterminations

A redetermination is a periodic review of a recipient's circumstances in relation to the eligibility requirements of the EAEDC Program. A redetermination is necessary to establish that a recipient remains eligible to receive assistance. The focus of the redetermination process is on those factors of eligibility that are potentially subject to change.

#### 319.210: Frequency of Redeterminations

A recipient's eligibility shall be redetermined no less than once every six months. A recipient's eligibility may be redetermined more frequently if the Department determines it to be necessary for the management of the program.

#### 319.220: The Redetermination Interview

A face-to-face interview is required at each redetermination. As determined by the Department, this interview may take place in the local office or in the home.

One purpose of the interview is to obtain information for an accurate and complete redetermination of current eligibility.

A second purpose of the redetermination interview is to provide a method for identifying situations in which a question of fraud in the program exists.

The worker may not question the recipient about any past circumstances which are the object of an ongoing investigation by the BSI.

#### 319.230: Redetermination Activities

##### (A) Form

A Department-prescribed form must be completed for the redetermination of eligibility for EAEDC.



(B) Verification

Verification of eligibility factors not previously verified, or reverification of factors subject to change, shall be required. Factors subject to change include, but are not limited to, income, assets, disability and household composition.

(C) EAEDC-Related Benefits; Development of Other Benefits

The worker shall make any necessary referrals or arrangements for EAEDC-related services or benefits, and inquire about any non-EAEDC benefits which may have become available to the recipient.

319.240: Concluding the Redetermination Process

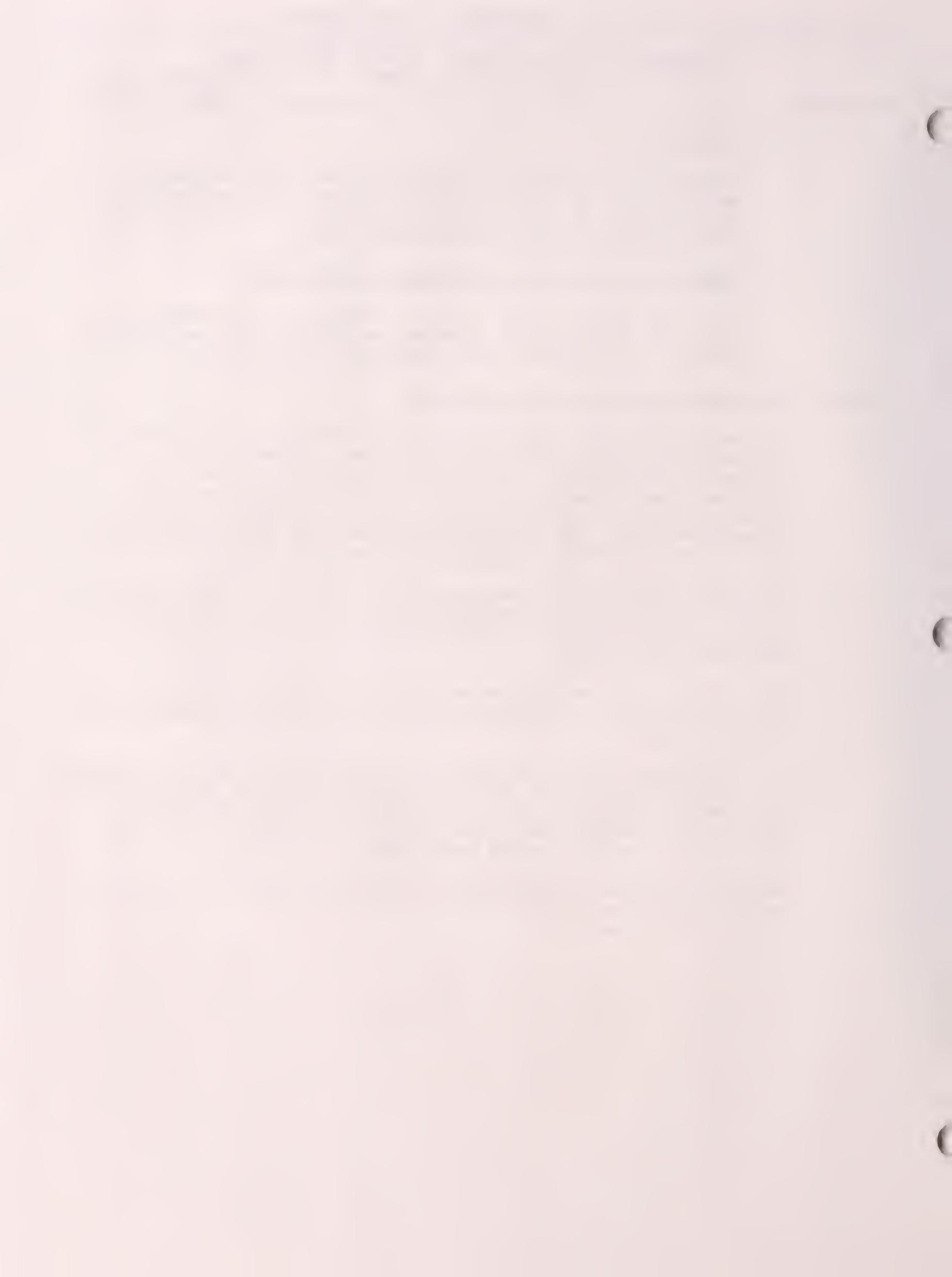
Each redetermination of eligibility shall be concluded by a finding of continued eligibility and of the proper amount of the grant, or by a finding of ineligibility. If the worker is unable to complete the redetermination because the recipient has died or cannot be located, assistance shall be terminated upon notification of death or after allowing reasonable time for recipient response to worker notification. (See 106 CMR 319.140: Concluding the Application Process.)

Assistance shall be terminated upon proper notification when the worker is unable to complete the redetermination due to (1) lack of verification(s) required to determine eligibility, or (2) lack of response to the redetermination notice.

The recipient shall be notified of any proposed action that results from the redetermination in accordance with 106 CMR 319.500: Notification of Proposed Action.

If the recipient requests an appeal of a reduction/termination of benefits in which the sole issue is the lack of verifications and if the recipient subsequently provides the required verifications during the appeal process, the Department shall take action in accordance with 106 CMR 343.350(B) of the Fair Hearing Regulations.

The redetermination of eligibility must be fully supported by the facts recorded in the case record.



319.300: Verification

Verification is the validation of oral or written statements by means of documentation, third party contacts, and self-declarations by the applicant/recipient in accordance with 106 CMR 319.340. Verification must be provided during the eligibility or redetermination process or at the time of changes affecting eligibility (see 106 CMR 319.330: Frequency of Verification). All documentation, as well as information obtained through third party contacts, shall be made part of the case record.

The following eligibility factors must always be verified in accordance with the frequency required by 106 CMR 319.330. Verifications that exist in another case record shall be used to verify those factors that are not subject to reverification.

- (A) age;
- (B) incapacity;
- (C) citizenship or alienage;
- (D) residence;
- (E) application for a social security number;
- (F) application for SSI;
- (G) income; and
- (H) assets.

The Department shall require verification of factors not listed above when the information available to the Department is contradictory, inconsistent or incomplete, or the Department determines that verification is necessary to ensure efficient administration of the EAEDC Program.

When verification is required, only the documentation specified in the relevant sections of this manual is acceptable unless unavailable in accordance with 106 CMR 319.315. Alternative methods of verification for unavailable documents shall be accepted in accordance with 106 CMR 319.340. If none of the verifications listed in these regulations adequately resolves an eligibility issue, the worker may require verification from other sources.



319.310: Responsibility for Verification

To establish eligibility for EAEDC, the applicant or recipient must meet categorical and financial eligibility requirements. The applicant or recipient must submit the verifications required by EAEDC policy to demonstrate that he or she meets these eligibility factors.

(A) The applicant or recipient is responsible for the following:

- obtaining the required verification(s);
- contacting the worker if there is a delay or difficulty in obtaining the verification(s);
- cooperating with the worker to obtain the verification(s) when worker assistance is requested; and
- signing collateral consent forms, if necessary.

(B) The worker is responsible for the following:

- identifying the eligibility factors that must be verified;
- identifying and providing written notice of the specific documents and the alternative documents, if applicable, that must be submitted to verify the eligibility factors;
- advising the applicant or recipient of the consequence of failure to provide verification(s);
- explaining the reason verifications are needed when requested and offering suggestions of where and how to obtain the verification(s); and
- assisting in obtaining required verification(s) when the worker is aware that the applicant or recipient is unable to obtain the verification(s) for reasons beyond his or her control.

If the required documentation is not submitted and the worker is unable to obtain such verification or to determine if the EAEDC eligibility factors have been met, assistance for the affected household member(s) must be denied, terminated or reduced.



319.315: Responsibility for Verifying Continued Eligibility

The recipient is responsible for providing verification of those eligibility factors that have not previously been verified as well as those that are subject to change in accordance with Section 302.330. The recipient is responsible for cooperating with the worker in obtaining verification(s) of continued EAEDC eligibility, or for providing an acceptable reason for the unavailability of the verification(s) within 10 calendar days of the worker's request.

The following are acceptable reasons for unavailability:

- (A) the verification is dependent on a third party and the recipient has taken all necessary steps on his or her part to obtain it;
- (B) illness or incapacity of the recipient or other family member has delayed provision of the required verification(s);
- (C) the recipient was not adequately informed of his or her responsibility to provide the required verification(s);
- (D) the recipient was not informed of the specific documents, including alternative verification(s), required to verify the eligibility factor; or
- (E) other circumstances beyond the control of the recipient prevented him or her from obtaining the verification(s).

If one of the above situations applies, the recipient shall be informed of alternative verification methods, including self-declaration, in accordance with 106 CMR 319.340, and allowed an additional 10 calendar days to meet his or her verification responsibility. The worker shall also offer assistance in obtaining any requested documents and/or shall use collateral contact as a means of verification in accordance with 106 CMR 319.340(C).

If the benefits of any member of the assistance unit are terminated or reduced due to the lack of verification(s) needed to make a determination of eligibility, the recipient must be sent a written notice of adverse action. See 106 CMR 319.500: Notification of Proposed Action.



319.320: Information from Government Sources and Banks

The applicant or recipient must be informed that the Department will regularly request information from other sources for purposes of verifying eligibility. These include banks and other financial institutions, the Department of Employment and Training, the Registry of Motor Vehicles, the Bureau of Vital Statistics, Veterans' Services, the Department of Revenue, the Bureau of Special Investigations, the Internal Revenue Service, the Social Security Administration, and other programs administered by the Department of Public Welfare.

The Department need not obtain the prior approval of the applicant or recipient to acquire and use information from banks or government sources to verify eligibility.

319.330: Frequency of Verification

Some information, because it is not subject to change, need only be verified once unless at a later date questions are raised about the current validity of the verification or unless the Department has reason to believe that a change has or may have occurred for which reverification is required. Such information includes, but is not limited to, the following: age; alienage; application for potential benefits; application for an SSN; identity; and relationship.

Information that is subject to frequent change must be reverified at redetermination, at times of reported changes, or whenever the Department receives information that a change has or may have occurred that affects continued eligibility. Such factors include, but are not limited to, bank deposits; cash on hand; incapacity; health insurance coverage; assets; income; IRAs, Keoghs and pension plans; school attendance; securities; and work-related expenses.

Other factors are subject only to occasional change and therefore need only be reverified at the time of a reported change or whenever the Department has reason to believe that a change has or may have occurred for which verification is required. Such information includes, but is not limited to, the results of an application for a potential benefit; the receipt of an SSN following application; the fair market and equity value of real estate and vehicles; living arrangement; temporary absence; residence; joint ownership of assets; and inaccessibility of assets.

Chapters 320 and 321 contain information regarding specific eligibility factors (including those not mentioned in this section); the acceptable verification of those eligibility factors; and the frequency with which they must be verified.

The provisions of this section shall not apply whenever verification of an eligibility factor is required because the originally submitted documentation is missing or has been destroyed.



319.340: Methods of Verification

The acceptable sources of verification are detailed in the sections of these regulations where the eligibility requirement is stated. The method of verification differs depending upon the nature of the information.

If one method of verification is preferred to another, the preferred method is stated.

Methods of verification include original documents, collateral contacts, self-declarations, and worker observation.

(A) Original Documents

When the verification is an original document, a photocopy of the document must be made, if possible.

If circumstances prevent the photocopying of a document and a copy is not available, the worker shall record in the case record the date and source of the document, a summary of its contents and the date the summary was made. The applicant or recipient shall be permitted to keep the original document.

(B) Collateral Contact

Collateral contact is verbal or written confirmation of a household's circumstances by a third party, and it may be used to verify certain types of information. The worker shall obtain written consent from the applicant or recipient for each contact, except as specified in 106 CMR 319.320: Information from Government Sources and Banks. If the applicant or recipient refuses to allow the Department to verify information by contacting a third party, assistance shall be denied, terminated, or reduced unless the applicant/recipient provides alternative verification.

Statements from third parties may be accepted in person, through the mail, and over the phone.

The worker shall evaluate the acceptability of the statement as verification of the particular information.

The worker shall record the date on which the statement was made, the relevant information, the identification and position of the person making the statement, and a means of contacting that person in the future should it become necessary to support the applicant's or recipient's right of rebuttal at a hearing, if requested.



**(C) Self-Declarations**

A self-declaration is a written statement of fact that may be given by the applicant or recipient or by a third party who has firsthand knowledge of the circumstances of the applicant/recipient.

A self-declaration may be accepted as verification of the following eligibility factors when the applicant or recipient and the worker have taken all necessary steps to obtain through collateral contact the documentary evidence required by Chapters 320 and 321 and the original document is not available: cash on hand, inaccessibility of joint bank accounts and securities, age, temporary absence, and health insurance coverage.

The self-declaration shall be filed in the case record.

**(D) Worker Observation**

Some information may be verified by worker observation.

**319.400: Case Maintenance**

Case maintenance consists of action necessary to issue payments, adjust the grant amount, change an address, update the Department's computerized files, implement regulatory or procedural changes, and document any action taken and the reasons for such action in the case record. The time standards for case maintenance actions are set forth in 106 CMR 318.530: Table of Time Standards.

**319.410: Documentation in the Case Record**

The case record is the permanent collection, in written form, of the information necessary for determining eligibility and providing benefits and referrals for services.

All decisions regarding eligibility and case actions must be based on information documented in the case record.

Information in the case record is protected by provisions of confidentiality. See 106 CMR 318.320: Right to Confidentiality. The applicant or recipient has access to information in the case record in accordance with the right to information. See 106 CMR 318.330: Right to Information.



319.500: Notification of Proposed Action

The applicant or recipient must be provided with written notice of any action proposed by the Department that would affect his or her claim to an assistance grant, food stamps, Medical Assistance, or other benefits.

Such notice must include a statement of the proposed action, including the amount of financial assistance; the reasons for the proposed action; citation to the regulations supporting the action; and an explanation of the recipient's right to request a fair hearing. Time standards for notification are set forth in 106 CMR 343.140: Time Limits and 343.210: Timely Notice Exceptions.

319.600: Appeals

Information regarding the appeal process, the applicant's or recipient's right to request a fair hearing, and the time standards governing appeal procedures are found in 106 CMR 343.000 et. seq., Fair Hearing Rules.

319.610: Continued Assistance Pending Appeal Decision

Assistance may not be reduced or terminated unless waived by the recipient until a decision is rendered after a hearing, provided the recipient requested the hearing within the time limits set forth in 106 CMR 343.000 et. seq., Fair Hearing Rules, and none of the situations set forth in 106 CMR 343.250(B) and (C): Continuation of Benefits Pending Appeals pertains.

Assistance paid pending the appeal is subject to recoupment if the Department's action is upheld.



319.700: Development of Other Benefits

An applicant or recipient of EAEDC who may be eligible to receive other benefits, including, but not limited to, Social Security, Supplemental Security Income, Railroad Retirement, and Workers' Compensation, must apply for these benefits as a condition of eligibility.

If such benefits are available at the time of application, the applicant must apply for them at that time. Assistance may be provided until actual benefits are received, except as specified in 106 CMR 319.715 and 106 CMR 319.720. At the time of receipt of benefits, eligibility will be redetermined.

If these or other benefits become available during receipt of assistance, the recipient must apply for such benefits to remain eligible for EAEDC. Eligibility will be redetermined when the benefit is actually received.

319.710: SSI Benefits

An applicant or recipient who appears to meet the age or disability standards for Supplemental Security Income (SSI) must apply for and cooperate in the SSI application process as a condition of receipt of EAEDC benefits. The application must be completed within the applicable EAEDC application or redetermination time standards.

A person appears to meet the SSI standards for disability if he or she is unable to or has a reduced capacity to work because of a physical or mental impairment that has lasted or is expected to last one year or more.

An applicant or recipient who must apply for SSI as a condition of EAEDC eligibility must complete a form prescribed by the Department that authorizes reimbursement to the Department of EAEDC assistance received pending SSI approval. Verification of an application for SSI shall be by a signed statement by an SSA office designated staff person. When an EAEDC applicant or recipient who is required to apply for SSI fails to apply for and cooperate in the SSI application process, he or she is ineligible for EAEDC and his or her assistance shall be denied or terminated.

319.715: Unemployment Compensation Benefits

An applicant or recipient who appears to be eligible for Unemployment Compensation benefits must apply for such benefits. A person who is eligible for Unemployment Compensation is not eligible for EAEDC, including while the application is being processed and during any waiting period for Unemployment Compensation benefits. A written notification of eligibility or ineligibility for Unemployment Compensation must be provided by the EAEDC applicant or recipient to the Department before a determination can be made for EAEDC.



319.720: Veterans' Services Benefits

An applicant or recipient may be eligible for non-Federal Veterans' Services Benefits(VSB) under Massachusetts General Laws, Chapter 115. Such an EAEDC applicant or recipient is not eligible for EAEDC. The worker must advise the applicant or recipient who may be eligible for Veterans' Services Benefits that he or she must apply for such benefits as a condition of eligibility for EAEDC before a determination of eligibility for EAEDC can be made. A written notification of eligibility or ineligibility from the Veterans' Services office must be provided by the applicant before a determination of eligibility for EAEDC can be made. Any time that an EAEDC recipient appears to be eligible for VSB, he or she must apply for such benefits and provide written notification of ineligibility from the Veterans' Services office as a condition of continuing EAEDC eligibility.

319.730: Medical Assistance (MA)

An EAEDC applicant or recipient who is under 18 or aged 65 or older must apply for Medical Assistance as a condition of eligibility for EAEDC. Failure to complete the application and/or redetermination process by such persons shall result in the denial or termination of EAEDC benefits. An EAEDC applicant or recipient who is between the ages of 18 and 65 may apply for Medical Assistance if he or she chooses but such application is not a condition of EAEDC eligibility.

319.800: Assignments for Third Party Recoveries

Benefits may be provided under the EAEDC, Medical Assistance, or Emergency Assistance programs as a result of an accident, injury, or illness. When payment may be provided by liability insurance, Workers' Compensation, or other source, the Department requires an assignment which conveys and transfers to the Department the right to recover an amount equal to the benefits provided as a result of said accident, injury, or illness. This assignment is required as a condition of initial and continuing eligibility at application, redetermination, or at any time that the information becomes known to the Department.

The applicant or recipient is required to notify the Department, in writing and in accordance with the time frames specified in 106 CMR 318.420, when a claim for compensation or recovery has begun, and of any settlement negotiations before they become final. A claim includes, but is not limited to:

- (1) a court action or other proceeding;
- (2) notification to the applicant's or recipient's own insurance company; and/or
- (3) notification to any third party who may be liable.



It is the responsibility of the applicant or recipient to provide the details of a claim for any member of the assistance unit. The information required includes, but is not limited to, the following:

- (1) name and address of the applicant or recipient;
- (2) date and place of the accident, injury, or illness;
- (3) type of case (i.e., industrial accident, automobile, etc.);
- (4) explanation of the circumstances surrounding the accident, injury, or illness and the status of the case;
- (5) name and address of the applicant's or recipient's attorney;
- (6) name and address of all insurance companies involved including Personal Injury Protection (PIP) carriers, and the name of the insured individual;
- (7) a copy of the applicant's or recipient's automobile insurance Coverage Selection Page (if involved in an automobile accident);
- (8) a copy of any other type of insurance that the applicant or recipient owns that may be applicable;
- (9) a copy of any complaints and/or other legal documents filed by the applicant or recipient or on his or her behalf or on behalf of any member(s) of the assistance unit; and
- (10) a copy of the police report (if applicable).

Upon any partial or final settlement of the case, the applicant or recipient who signed the original assignment or his or her attorney or authorized representative (if the recipient has one) is required to provide the Department with information on the amount of the settlement and the details surrounding it.

Failure to comply with any of these provisions is grounds for denial, closing, and/or referral to the Bureau of Special Investigations.

Workers may not compute the amount of a lien, but must make a referral to the Assignment Collection Unit, which is the only authorized agent for computing the amount of a lien.



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320.000: Overview of Categorical Requirements

In order to receive EAEDC, an applicant or recipient must meet all of the applicable eligibility requirements. Only those persons identified in this chapter may be eligible for assistance under EAEDC. These requirements are of two types: categorical and financial.

This chapter presents the categorical requirements for EAEDC eligibility under the following headings:

- (A) Elderly - 65 Years of Age or Older, 106 CMR 320.100;
- (B) Disabled, 106 CMR 320.200;
- (C) Participant in a Massachusetts Rehabilitation Commission Program, 106 CMR 320.250
- (D) Caring for the Disabled, 106 CMR 320.300;
- (E) Family, 106 CMR 320.400;
- (F) Student, 106 CMR 320.450
- (G) Age, Identity, Resident, Place of Residence, Temporary Absences, and Disqualifying Absences, 106 CMR 320.500;
- (H) Citizens, Aliens and Canadian-Born Indians, 106 CMR 320.600; and
- (I) Social Security Number, 106 CMR 320.700.

320.100: Elderly - 65 Years of Age or Older

- (A) The applicant or recipient is 65 years of age or older and is awaiting determination of Supplemental Security Income (SSI) benefits. If the person is found to be ineligible for SSI benefits, she or he may be eligible for EAEDC provided the eligibility requirements for EAEDC are met.
- (B) Verification that the applicant or recipient is awaiting SSI benefits will be established on a form prescribed by the Department. Ineligibility for SSI will be established by the applicant's or recipient's letter of denial from SSI.



320.200: Disabled

An applicant or recipient of EAEDC shall be eligible if he or she has a disability as specified below that prevents him or her from working. For purposes of EAEDC eligibility, an applicant or recipient shall be considered to be disabled if he or she:

- (A) is under the age of 65; AND
- (B) has a disability that is expected to last sixty days or more;
- (C) has a disability that meets the standards as specified in 106 CMR 320.210, except as specified in 106 CMR 320.200(E)(2) and/or (3) below;
- (D) has a disability verified by a competent medical authority as defined in 106 CMR 318.500 on a form prescribed by the Department;
- (E) has had his or her medical records reviewed by the Medical Review Team when such review is required. The decision of the Medical Review Team is the Department's decision concerning the existence of a disability. The Medical Review Team shall determine whether he or she has a disability that either:
  - (1) meets the standards specified in 106 CMR 320.210; or
  - (2) does not meet the standards specified in 106 CMR 320.210, but he or she has a disability included in the SSI Listing of Impairments as specified in 20 CFR, Part 404, Subpart P, Appendix 1; or
  - (3) does not meet the standards specified in 106 CMR 320.210, but he or she has a disability when consideration is given by the Medical Review Team to the vocational factors specified in 106 CMR 320.220 in combination with the disability verified by the competent medical authority.
- (F) has applied for and cooperated in the SSI application and/or appeal process when required by the Department and/or the Medical Review Team; and
- (G) periodically submits reverification of his or her disability from a competent medical authority as defined in 106 CMR 318.500 at times determined by the Department and/or the Medical Review Team.



320.210: Listing of Impairments(A) Musculoskeletal System

(1) Arthritis of Any Major Joint. (hips, knees, hands or feet)  
Arthritis of any major joint must be substantiated by:

(a) the presence of three or more of the following clinical findings lasting for more than 15 days and expected to last for at least 60 days:

1. pain;
2. swelling;
3. tenderness;
4. warmth;
5. redness;
6. stiffness;
7. limitation of motion; and

(b) corroboration of the diagnosis by at least two of the following:

1. positive serologic test for rheumatoid factor; or anti-nuclear antibody or HLAB antigen
2. elevated sedimentation rate;
3. positive joint fluid culture;
4. elevation of white blood count;
5. significant anatomical deformity; or
6. x-ray evidence of significant joint space narrowing or bony destruction.

(2) Disorders of the Spine. Disorders of the spine must be demonstrated by one of the following:

(a) x-ray evidence of significant arthritic changes manifested by ankylosis, or fixation, or motion limitation (objective)

(b) Bone density evidence of significant osteoporosis manifested by pain and real motion limitation;

(c) evidence of other vertebrogenic disorders (for example, herniated nucleus pulposus or spinal stenosis), with:

1. pain and significant limitation of motion in the spine; and
2. appropriate radicular distribution of significant sensory, motor, or flex abnormalities; or

(d) evidence of acute back strain with pain and significant limitation of motion lasting more than 15 days and expected to last for at least 60 days.



- (3) Fracture of a Major Bone. When solid union has not occurred and incapacity is expected to last for at least 60 days.
- (4) Soft Tissue Injuries or Loss. Soft tissue injuries or loss, including burns, must be demonstrated by one of the following, which lasts more than 15 days and can be expected to last for at least 60 days:
  - (a) significant loss which prohibits function of an upper or lower extremity;
  - (b) significant body surface involvement; or
  - (c) involvement of critical areas such as hands and feet that prevents their use

(B) Special Senses and Speech

- (1) Impairment of Central Visual Acuity. Remaining vision in the better eye after best correction must be 20/100 or less and must be expected to last for at least 60 days.
- (2) Contraction of Peripheral Visual Fields. Contraction of peripheral visual fields in the better eye must be:
  - (a) to 20° or less from point of fixation;
  - (b) so the widest diameter subtends an angle no greater than 25° ; or
  - (c) to 25 percent or less visual field efficiency; and must be expected to last at least 60 days.
- (3) Hearing Impairments. Hearing must not be restorable by a hearing aid, and the impairment must be manifested by one of the following:
  - (a) average hearing threshold sensitivity for air conduction of 90 decibels or greater; and for bone conduction to corresponding maximal levels, in the better ear, determined by the simple average of hearing threshold levels at 500, 1000, and 2000 Hz; or
  - (b) speech discrimination scores of 40 percent or less in the better ear; and must be expected to last for at least 60 days.
- (4) Disturbance of Labyrinthine-Vestibular Function. Disturbance of labyrinthine-vestibular function (including Meniere's disease) must be demonstrated by one or more attacks of balance disturbance and tinnitus within the 30-day period immediately preceding application for Emergency Aid to the Elderly and Disabled assistance. The symptoms must persist for at least 60 days and affect daily functions and the diagnosis must be corroborated by:
  - (a) hearing loss established by audiometry; or
  - (b) Standard vestibular test (ENG) with or without hearing loss established by audiometry



EMERGENCY AID TO THE ELDERLY, DISABLED AND CHILDREN  
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(C) Respiratory System

(1) Chronic Obstructive Airway Disease. Spirometric evidence of airway obstruction must be demonstrated by maximum voluntary ventilation (MVV) and one-second forced expiratory volume (FEV1) with both values equal to or less than those specified in Table I, corresponding to height; and expected to last for at least 60 days.

Table I

Height (inches)	MVV (MBC) equal to or less than (L/Min)	And	FEV1 equal to or less than (L)
57 or less	42		1.5
58.	43		1.5
59.	44		1.5
60.	45		1.6
61.	46		1.6
62.	47		1.6
63.	48		1.6
64.	49		1.7
65.	50		1.7
66.	51		1.7
67.	52		1.8
68.	53		1.8
69.	54		1.8
70.	55		1.9
71.	56		1.9
72.	57		1.9
73 or more.	58		1.9

(2) Diffuse Pulmonary Fibrosis. Diffuse pulmonary fibrosis due to any cause must be demonstrated by both of the following; and expected to last for at least 60 days.

(a) Total vital capacity (VC) must be equal to or less than the values specified in Table II below, corresponding to height.



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Table II

<u>Height or less than (inches)</u>	VC equal to (L)
57 or less . . . . .	1.7
58 . . . . .	1.8
59 . . . . .	1.8
60 . . . . .	1.9
61 . . . . .	1.9
62 . . . . .	2.0
63 . . . . .	2.0
64 . . . . .	2.1
65 . . . . .	2.1
66 . . . . .	2.2
67 . . . . .	2.2
68 . . . . .	2.3
69 . . . . .	2.3
70 . . . . .	2.4
71 . . . . .	2.4
72 . . . . .	2.5
73 or more . . . . .	2.5

(b) Arterial oxygen tension (po2) at rest and simultaneously determined arterial carbon dioxide tension (pCO2) values must be equal to or less than those specified in Table III below.

Table III

<u>Arterial pco2 (mm Hg)</u>	Arterial po2 equal to or less than (mm Hg)
30 or below . . . . .	75
31 . . . . .	74
32 . . . . .	73
33 . . . . .	72
34 . . . . .	71
35 . . . . .	70
36 . . . . .	69
37 . . . . .	68
38 . . . . .	67
39 . . . . .	66
40 or above . . . . .	65



(3) Other Restrictive Ventilatory Disorders. Other restrictive ventilatory disorders (such as kyphoscoliosis, thoracoplasty, and pulmonary resection) must be substantiated by total vital capacity (VC) equal to or less than the values specified in Table IV below, corresponding to height; and expected to last at least 60 days.

Table IV

Height (inches)	VC equal to or less than (L)
59	1.5
60	1.6
61	1.6
62	1.6
63	1.6
64	1.7
65	1.7
66	1.7
67	1.8
68	1.8
69	1.8
70	1.9

(4) Active Pulmonary Tuberculosis. Active pulmonary tuberculosis must be corroborated by either:

- (a) positive culture; or
- (b) x-ray evidence of increasing lesions or cavitation; and expected to last at least 60 days.

(5) Other Respiratory Disorders. Other respiratory disorders must be shown by the presence of at least two of the following ((a), (b), or (c) below) for more than 15 days and expected to last at least 60 days:

- (a) shortness of breath, wheezing, rhonchi, rales, cough, or fever;
- (b) significant x-ray changes; or
- (c) significant laboratory abnormalities.

(D) Cardiovascular System

(1) Open Heart Surgery. The period of incapacity will be expected to last at least 60 days and meet the criteria in 106 CMR 320.210(D) (3) or (4) below.



(2) Ischemic Heart Disease.

(a) Ischemic heart disease, with chest pain of cardiac origin, must be corroborated by one of the following:

1. significantly diminished exercise tolerance corroborated by results of ETT;
2. significant ischemic changes on resting EKG;
3. EKG evidence of myocardial infarction at some time and symptoms if EKG evidence is more than 6 months old;
4. development of significant arrhythmia;
5. angiographic evidence (obtained independently) of coronary artery disease; or
6. development of left bundle branch block.

(b) If ischemic heart disease is ruled out after an extensive work-up the period of incapacity will be 90 days if:

1. symptoms lasted at least 15 days; or
2. substantial work activity is precluded by a physician's orders for at least 90 days.

(3) Congestive Heart Failure. Congestive heart failure must be manifested by evidence of vascular congestion such as hepatomegaly, or peripheral or pulmonary edema; with either of the following present; and expected to last at least 60 days.

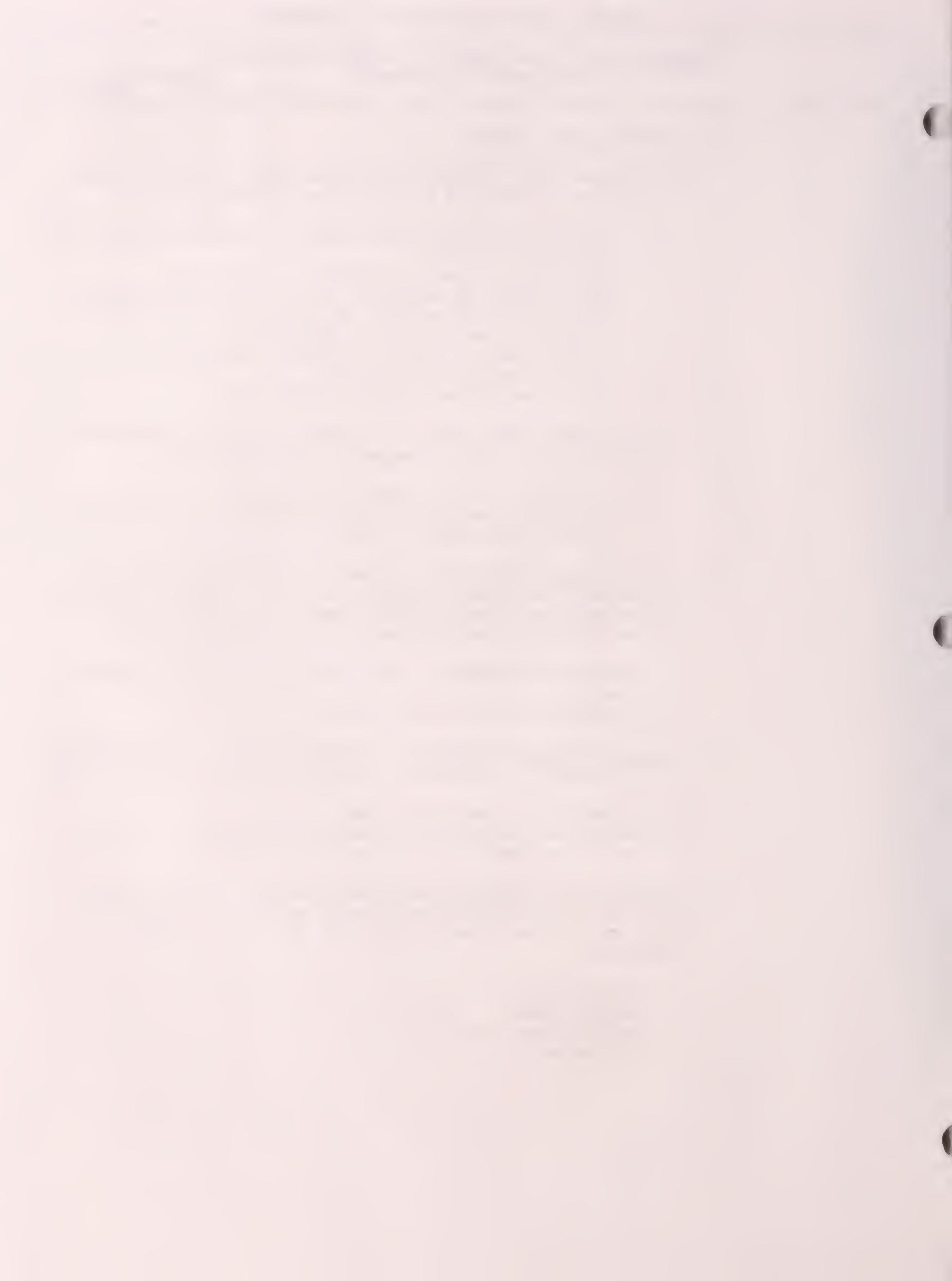
- (a) evidence of congestive heart failure on clinical examination; or
- (b) significant x-ray or EKG changes.

(4) Arteriosclerosis Obliterans or Thromboangiitis. Arteriosclerosis obliterans or thromboangiitis must be substantiated by both:

- (a) intermittent claudication; and
- (b) absence of peripheral arterial pulsations below the knee; and be expected to last for at least 60 days.

(5) Venous Insufficiency of the Lower Extremity. Venous insufficiency of the lower extremity must be expected to last at least 60 days and be associated with two or more of the following:

- (a) varicosities;
- (b) brawny edema;
- (c) stasis dermatitis;
- (d) ulceration;



(E) Digestive System

Impairments affecting the digestive system that are considered incapacitating are listed in 106 CMR 320.210(E)(1) through (3) below.

(1) Gastrointestinal Disorders

(a) Gastrointestinal disorders must be substantiated by the presence of three or more of the following symptoms lasting more than seven days and expected to last at least 60 days:

1. pain;
2. nausea;
3. vomiting;
4. diarrhea;
5. bloody stools; or
6. abdominal distension

(b) Gastrointestinal disorders expected to last more than 90 days must demonstrate the presence of clinical findings under 1. and 2. below.

1. significant pathology demonstrated by x-ray, endoscopy, barium enema, biopsy, or other objective criteria; or
2. the presence of one of the following:
  - a. abscess or fistula formation;
  - b. hematocrit of 30 percent or less;
  - c. serum albumin of 3.0 g per deciliter (100 ml) or less;
  - d. serum calcium of 8.0 mg per deciliter;
  - e. fat in stool of 7.0 g or greater per 24-hour specimen;
  - f. nitrogen in stool of 3.0 g or greater per 24-hour specimen;
  - g. evidence of pancreatic dysfunction; or
  - h. systemic manifestations such as arthritis, iritis, or liver dysfunction not attributable to other causes.

(2) Diseases of the Liver(a) Acute Hepatitis (Viral A, B, Non-A, Non-B).

Incapacity expected to last more than 90 days must meet the criteria in 106 CMR 320.210(E)(2)(b) below.



(b) Chronic Liver Disease. Chronic liver diseases (portal, postnecrotic, or biliary cirrhosis, chronic active hepatitis, Wilson's disease) must be substantiated by a history of significant and unresolved hyperbilirubinemia, ascites due to hypoalbuminemia, or mental confusion lasting more than 15 days and expected to last at least 60 days; or if the impairment persists is expected to last more than 90 days and is accompanied by confirmation of liver disease by liver biopsy and demonstration (clinical) of 2 (two) of the following: below:

1. bleeding from esophageal varices or
2. hepatic cell necrosis or inflammation,
3. hepatic encephalopathy

(3) Weight Loss. Weight loss due to any gastrointestinal disorder must be substantiated by weight equal to or less than the values specified in Table V (for men) or Table VI (for women), corresponding to height and expected to last at least 60 days.

Table

V -- Men

Table VI -- Women

Height (inches)	Weight (pounds)	Height (inches)	Weight (pounds)
61.	95	61.	82
62.	98	62.	84
63.	100	63.	87
64.	103	64.	89
65.	106	65.	92
66.	109	66.	94
67.	112	67.	97
68.	116	68.	100
69.	119	69.	104
70.	122	70.	107
71.	126	71.	111
72.	129	72.	114
73.	133	73.	117
74.	136	74.	121
75.	139	75.	124
76.	143	76.	128

Weight loss which continues for more than 90 days despite treatment and proper nutrition, must meet the criteria in 106 CMR 320.210(E)(1) or (2)(b) above.



(F) Genitourinary System

(1) Impairment of Renal Function. Impairment of renal function due to any cause must be substantiated by one of the following, which lasts more than 15 days and can be expected to last at least 60 days:

- (a) elevation of serum creatinine;
- (b) hematocrit of 30 percent or less;
- (c) renal osteodystrophy manifested by bone pain and appropriate radiographic abnormalities;
- (d) documented fluid overload syndrome;
- (e) anorexia;
- (f) hemodialysis or peritoneal dialysis; or
- (g) proteinuria.

(G) Hemic and Lymphatic Systems

(1) Anemia. Anemia must be substantiated by one of the following:

- (a) hematocrit of 30 percent or less if, acute or not tolerated or
- (b) one or more blood transfusions required within the 30-day period immediately preceding application for Emergency Aid to the Elderly and Disabled assistance; and the incapacity is expected to last at least 60 days.

(2) Sickle Cell Disease. Sickle cell disease or one of its variants must be substantiated by a documented painful (thrombotic) crisis within the 30 day period immediately preceding application for Emergency Aid to the Elderly and Disabled assistance; and expected to last for at least 60 days.

(3) Hemorrhage. Hemorrhage due to any traumatic or nontraumatic cause must be substantiated by one or more blood transfusions required within the 30-day period immediately preceding application for Emergency Aid to the Elderly and Disabled assistance.

(H) Skin

All skin disorders and infections that last more than 15 days and that can be expected to last for at least 60 days will possibly be considered incapacitating when one of the following is present.

- (1) Involvement of extensive body areas; or
- (2) Involvement of critical areas such as hands, feet, axillae, perineum, or face



(I) Endocrine System

Diabetes mellitus must be substantiated by one of the following:

- (1) Peripheral neuropathy manifested by decreased sensation and loss of vibration and positional sense;
- (2) Significant visual impairment according to the criteria in the 106 CMR 320.210(B)(1) and (2), Special Senses and Speech;
- (3) Amputation due to diabetic necrosis or peripheral vascular disease; or
- (4) a documented episode of acidosis within the 30-day period immediately preceding application for Emergency Aid to the Elderly and Disabled assistance; and the incapacity is expected to last for at least 60 days.

(J) Multiple Body Systems

- (1) Lupus Erythematosus. Disseminated lupus erythematosus must be established by a positive LE preparation or biopsy or positive ANA test. Exacerbation (involving renal, cardiac, pulmonary, gastrointestinal, or central nervous systems) must have occurred within the 30-day period immediately preceding application for Emergency Aid to the Elderly and Disabled assistance, and have lasted more than 15 days and be expected to last for at least 60 days.
- (2) Obesity. Obesity must be substantiated by weight equal to or greater than the values specified in Table VII for males or Table VIII for females and one of the following:
  - (a) a history of significant pain and limitation of motion in any weight-bearing joint or the spine;
  - (b) significant hypertension;
  - (c) a history of significant cardiovascular difficulties;
  - (d) chronic venous insufficiency with pain or superficial varicosities; or
  - (e) significant respiratory difficulties; and

The incapacity is expected to last for at least 60 days.



Table VII -- Men

Height (inches)	Weight (pounds)
--------------------	--------------------

60.	246
61.	252
62.	258
63.	264
64.	270
65.	276
66.	284
67.	294
68.	302
69.	310
70.	318
71.	328
72.	336
73.	346
74.	356
75.	364
76.	374

Table VIII -- Women

Height (inches)	Weight (pounds)
--------------------	--------------------

56.	208
57.	212
58.	218
59.	224
60.	230
61.	236
62.	242
63.	250
64.	258
65.	266
66.	274
67.	282
68.	290
69.	298
70.	306
71.	314
72.	322

(K) Neurological System

(1) Central Nervous System Vascular Accident. The period of incapacity is expected to last for at least 60 days and two of the following persists:

- (a) ineffective speech or communication;
- (b) significant disorganization of motor function in one or more extremities interfering with locomotion or use of fingers, hands and arms; and
- (c) significant mental status abnormalities.

(2) Epilepsy - major motor seizures, (or partial complex), documented by EEG and by clinically detailed description of a typical seizure pattern, including all associated phenomena; occurring more frequently than once a month, in spite of at least 1 month of prescribed treatment; expected to last at least 60 days with:

- (a) Daytime episodes (loss of consciousness and convulsive seizures) or
- (b) Nocturnal episodes manifesting residuals which interfere significantly with activity during the day.



(3) Epilepsy - Minor seizures (petit mal, psychomotor, or focal), documented by EEG and by detailed description of a typical seizure pattern, including all associated phenomena; occurring more frequently than once weekly in spite of at least 1 month of prescribed treatment: with alteration of awareness or loss of consciousness and transient postictal manifestations of unconventional behavior or significant interference with activity during the day; and expected to last for at least 60 days.

(4) Parkinsonian syndrome with the following signs: Significant rigidity, bradykinesia, or tremor in two extremities or one, if in dominant hand with significant loss of dexterity which, singly or in combination, result in sustained disturbance of gross and dexterous movements, or gait and station; and expected to last for at least 60 days.

(5) Spinal cord or nerve root lesions, due to any cause with disorganization of motor function expected to last for at least 60 days with significant and persistent disorganization of motor function in a single extremity, resulting in sustained disturbance of gross and dexterous movements, or gait and station.

(6) Multiple sclerosis. With disorganization of motor function expected to last for at least 60 days with:

- significant and persistent disorganization of motor function in two extremities, or one dominant upper extremity, resulting in sustained disturbance of gross and dexterous movements, or gait and station; or marked motor fatigability;
- impairment of central visual acuity. Remaining vision in the better eye after best correction must be 20/100 or less and must be expected to last at least 60 days.
- contraction of peripheral visual fields. Contraction of peripheral vision fields in the better eye that is expected to last at least 60 days must be:
  - To 20° or less from the point of fixation; or
  - So the widest diameter subtends an angle no greater than 25°; or
  - To 25 percent or less visual field efficiency; or

(7) Myasthenia gravis expected to last for at least 60 days with:

- significant difficulty with speaking, swallowing, or breathing while on prescribed therapy; or
- significant motor weakness of muscles of extremities on repetitive activity against resistance while on prescribed therapy.

(8) Myotonic muscular dystrophy with disorganization of motor function expected to last for at least 60 days with significant and persistent disorganization of motor function in two extremities, resulting in sustained disturbance of gross and dexterous movements, or gait and station.



(9) Peripheral neuropathies. With disorganization of motor function in spite of prescribed treatment expected to last for at least 60 days with significant and persistent disorganization of motor function in one extremity, resulting in sustained disturbance of gross and dexterous movements, or gait and station.

(10) Subacute combined cord degeneration (pernicious anemia) with disorganization of motor function as described below not significantly improved by prescribed treatment and expected to last for at least 60 days with:

- significant and persistent disorganization of motor function in one extremity, resulting in sustained disturbance of gross and dexterous movements, or gait and station; and
- unsteady, broad-based or ataxic gait causing significant restriction of mobility substantiated by appropriate posterior column signs.

(11) Cerebral trauma: Evaluate under the provisions for epilepsy - Major motor, epilepsy - minor motor, cerebral nervous system vascular accident or organic mental disorders.

(L) Mental Disorders

(1) The following definitions should be used when referencing this section.

(a) Need for Medical Evidence: The existence of a medically determinable impairment must be established by medical evidence consisting of clinical signs, symptoms and/or laboratory test findings. These findings may be intermittent or persistent depending on the nature of the disorder. Clinical signs are medically demonstrable phenomena which reflect specific abnormalities of behavior, affect, thought, memory, orientation or contact with reality. These signs are typically assessed by a psychiatrist. Symptoms or complaints are presented by the individual. Signs and symptoms generally cluster together to constitute recognizable clinical syndromes (mental disorders). Both symptoms and signs which are part of any diagnosed mental disorder must be considered in evaluating severity.

(b) Assessment of Severity: For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Where "marked" is used as a standard for measure the degree of limitation, it means more than moderate, but less than extreme. A marked limitation may arise when several activities or functions are impaired or even when only one is impaired, so long as the degree of limitation is such as to seriously interfere with the ability to function independently, appropriately and effectively.



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1. Activities of daily living including adaptive activities such as cleaning, shopping, cooking, taking public transportation, paying bills, maintaining a residence, caring appropriately for one's grooming and hygiene, using telephones and directories, using a post office, etc.. In the context of the individual's overall situation, the quality of these activities is judged by their independence, appropriateness and effectiveness. It is necessary to define the extent to which the individual is capable of initiating and participating in activities independent of supervision or direction.

"Marked" is not the number of activities which are restricted but the overall degree of restriction or combination of restrictions which must be judged.

2. Social functioning refers to an individual's capacity to interact appropriately and communicate effectively with other individuals. "Marked" is not the number of areas in which social functioning is impaired, but the overall degree of interference in a particular area or combination of areas of functioning.
3. Concentration, persistence and pace refer to the ability to sustain focused attention sufficiently long to permit the timely completion of tasks commonly found in work settings. In activities of daily living, concentration may be reflected in terms of ability to complete tasks in everyday household routines. Deficiencies in concentration, persistence and pace are best observed in work and work-like settings.
4. Documentation: The presence of a mental disorder should be documented primarily on the basis of reports from individual providers, such as psychiatrists, and facilities such as hospitals and clinics. Adequate descriptions of functional limitations must be obtained from these or other sources which may include programs and facilities where the individual has been observed over a considerable period of time.

Information from both medical and nonmedical sources may be used to obtain detailed descriptions of the individual's activities of daily living; social functioning; concentration, persistence and pace; or ability to tolerate increased mental demands (stress). This information can be provided by programs such as community mental health centers, day care centers, sheltered workshops, etc. It can also be provided by others, including family members, who have knowledge of the individual's functioning. In some cases descriptions of activities of daily living or social functioning given by individuals or treating sources may be insufficiently detailed and/or may be in conflict with the clinical picture otherwise observed or described in



the examination or reports. Evidence may include treatment notes, hospital discharge summaries, and work evaluation or rehabilitation progress notes if these are available. It is necessary to resolve any inconsistencies or gaps that may exist in order to obtain a proper understanding of the individual's functional restrictions.

Some individuals may have attempted to work or may actually have worked during the period of time pertinent to the determination of disability. This may have been an independent attempt at work, or it may have been in conjunction with a community mental health or other sheltered program which may have been of either short or long duration. Information concerning the individual's behavior during any attempt to work and the circumstances surrounding termination of the work effort are particularly useful in determining the individual's ability or inability to function in a work setting.

5. **Chronic Mental Impairments:** Particular problems are often involved in evaluating mental impairments in individuals who have long histories of repeated hospitalizations or prolonged outpatient care with supportive therapy and medication. Individuals with chronic psychotic disorders commonly have their lives structured in such a way to minimize stress and reduce their signs and symptoms. Such individuals may be much more impaired for work than their signs and symptoms would indicate. The results of a single examination may not adequately describe these individuals' sustained ability to function. It is therefore, vital to include all pertinent and available information relative to the individual's condition, especially at times of increased stress.
6. **Effect of Medication.** Attention must be given to the effect of medication on the individual's signs, symptoms and ability to function. While psychotropic medications may control certain primary manifestations of a mental disorder, e.g., hallucinations, such treatment may or may not affect the functional limitations imposed by the mental disorder. In such cases where overt symptomatology is attenuated by the psychotropic medications, particular attention should be included on the functional restrictions which may persist. These functional restrictions are important for the measure of impairment severity.



Neuroleptics, the medicines used in the treatment of some mental illnesses, may cause drowsiness, blunted effect, or other side effects involving other body systems. Such side effects must be considered in evaluating overall impairment severity. Where adverse effects of medications contribute to the impairment severity and the impairment does not meet the listings but is nonetheless severe, such adverse effects must be considered in the assessment of the disability.

7. Effect of Treatment: It must be remembered that with adequate treatment some individuals suffering with chronic mental disorders not only have their symptoms and signs ameliorated but also return to a level of function close to that of their premorbid status.

(2) Dementia with or without delirium. Psychological, cognitive or behavioral abnormalities associated with a dysfunction of the brain. History and physical examination or laboratory tests demonstrate the presence of specific organic factor judges to be etiologically related to the abnormal mental state and loss of previously acquired functional abilities.

The required level of severity for these disorders is met when the requirements in both (a) and (b) are satisfied; and they are expected to last for at least 60 days.

(a) Demonstration of loss of specific cognitive abilities or affective changes and the medically documented persistence of at least one of the following:

1. disorientation to time and place; or
2. substantial memory loss impairment
3. perceptual or thinking disturbances (e.g., hallucinations, delusions; or
4. change in personality; or
5. disturbance in mood; or
6. emotional lability (e.g., explosive temper outbursts, sudden crying, etc.) and impairment in impulse control; or
7. loss of measured intellectual ability of at least 15 I.Q. points from premorbid levels or overall impairment index clearly within the moderately to severely



impaired range on neuropsychological testing, e.g., the Luria-Nebraska, Halstead-Reitan, etc.; and

(b) Resulting in at least one of the following:

1. marked restriction of activities of daily living; or
2. marked difficulties in maintaining social functioning; or
3. deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner (in work settings or elsewhere); or
4. repeated episodes of deterioration or decompensation in work or work-like settings which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors).

(3) Schizophrenic, Paranoid and Other Psychotic Disorders. Characterized by the onset of psychotic features with deterioration from a previous level of functioning.

The required level of severity for these disorders is met when the requirements in both (a) and (b) are satisfied, or when the requirement in (c) are satisfied; and they are expected to last for at least 60 days.

(a) Medically documented persistence, either continuous or intermittent, of one or more of the following:

1. delusions or hallucinations; or
2. catatonic or other grossly disorganized behavior; or
3. incoherence, loosening of associations, illogical thinking, or poverty or content of speech if associated with one of the following:
  - i. blunt affect; or
  - ii. flat affect; or
  - iii. inappropriate affect; or
4. emotional withdrawal and/or isolation; and

(b) Resulting in at least one of the following:

1. marked restriction of activities of daily living; or
2. marked difficulties in maintaining social functioning; or
3. deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner (in work settings or elsewhere); or



4. repeated episodes of deterioration or decompensation in work or work-like settings which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors); or
- (c) Medically documented history of one or more episodes of acute symptoms, signs and functional limitations which at the time met the requirements in (a) and (b) of this listing, although these symptoms or signs are currently attenuated by medication or psychosocial support, and one of the following:
  - (1) repeated episodes of deterioration or decompensation in situations which cause the individual to withdraw from the situation or to experience exacerbation of signs or symptoms (which may include deterioration of adaptive behaviors); or
  - (2) documented current history of two or more years inability to function outside of a highly supportive living situation.
- (4) Affective Disorders. Characterized by a disturbance of mood, accompanied by a full or partial manic or depressive syndrome. Mood refers to a prolonged emotion that colors the whole psychic life; generally involving either depression or elation.

The required level of severity for these disorders is met when the requirements in both (a) and (b) are satisfied; and they are expected to last at least 60 days.

- (a) Medically documented persistence, either at least one of the following:
  1. depressive syndrome characterized by at least three of the following:
    - a. anhedonia or pervasive loss of interest in almost all activities; or
    - b. appetite disturbance with change in weight; or
    - c. sleep disturbance; or
    - d. psychomotor agitation or retardation; or
    - e. decreased energy; or
    - f. feelings of guilt or worthlessness; or
    - g. difficulty concentrating or thinking; or
    - h. thoughts of suicide; or
    - i. hallucinations, delusions or paranoid thinking; or



2. Manic syndrome characterized by at least two of the following:

- a. hyperactivity; or
- b. pressure of speech; or
- c. flight of ideas; or
- d. inflated self-esteem; or
- e. decreased need for sleep; or
- f. easy distractibility; or
- g. involvement in activities that have a high probability of painful consequences which are not recognized; or
- h. hallucinations, delusions or paranoid thinking; or

3. Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes); and

(b) Resulting in at least one of the following:

- 1. marked restriction of activities of daily living; or
- 2. marked difficulties in maintaining social functioning; or
- 3. deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner (in working settings or elsewhere); or
- 4. repeated episodes of deterioration or decompensation in work or work-like settings which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors).

(5) Mental Retardation and Autism. Mental retardation refers to a significantly subaverage general intellectual functioning with deficits in adaptive behavior initially manifested during the developmental period (before age 22). (Note: The scores specified below refer to those obtained on the WAIS, and are used only for reference purposes. Scores obtained on other standardized and individually administered tests are acceptable, but the numerical values obtained must indicate a similar level of intellectual functioning.) Autism is a pervasive developmental disorder characterized by social and significant communication deficits originating in the developmental period.

The required level of severity for this disorder is met when the requirements in (a), (b), (c), or (d) are satisfied.

- (a) Mental incapacity evidenced by dependence upon others for personal needs e.g., toileting, eating, dressing, or bathing, an inability to follow directions, such that the use of standardized measures of intellectual functioning is precluded; or
- (b) A valid verbal, performance, or full scale IQ of 59 or less;
- (c) A valid verbal, performance, or full scale IQ of 60 to 69 inclusive and a physical or other mental impairment imposing additional and significant work-related limitation of function; or



(d) A valid verbal, performance, or full scale IQ of 60 to 69 inclusive or in the case of autism, gross deficits of social and communicative skills with one of the following:

1. marked restriction of activities of daily living; or
2. marked difficulties in maintaining social functioning; or
3. deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner (in work settings or elsewhere); or
4. repeated episodes of deterioration or decompensation in work or work-like settings which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration or adaptive behaviors).

(6) Anxiety Related Disorders. In these disorders anxiety is either the predominant disturbance or it is experienced if the individual attempts to master symptoms; for example, confronting the dreaded object or situation in a phobic disorder or resisting the obsessions or compulsions in obsessive compulsive disorders.

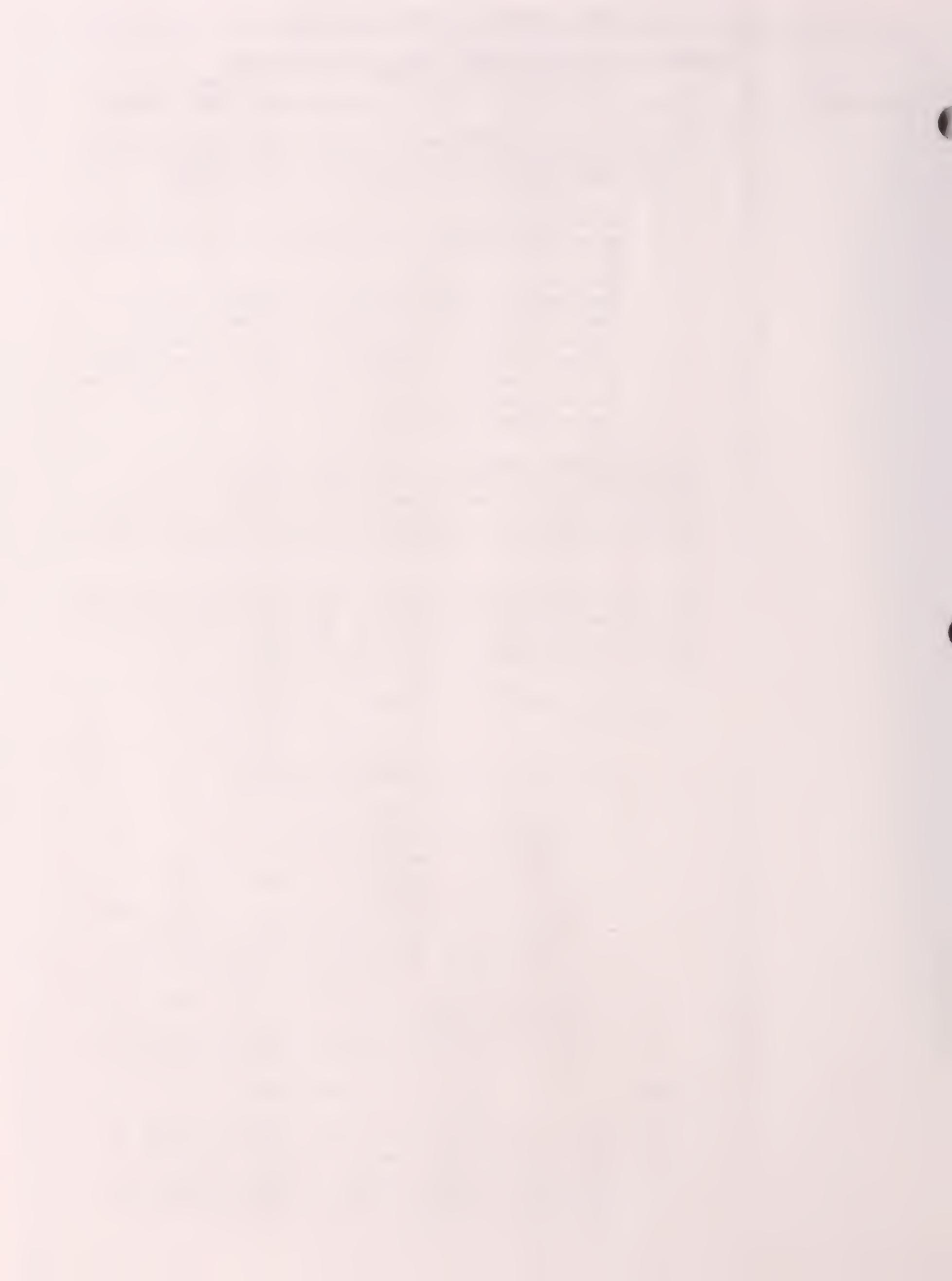
The required level of severity for these disorders is met when the requirements in both (a) and (b) are satisfied, or when the requirements in both (a) and (c) are satisfied; and the incapacity is expected to last at least 60 days.

(a) Medically documented findings of at least one of the following:

1. generalized persistent anxiety accompanied by two out of four of the following signs or symptoms:
  - a. motor tension; or
  - b. autonomic hyperactivity; or
  - c. apprehensive expectation; or
  - d. vigilance and scanning; or
2. a persistent irrational fear of a specific object, activity, or situation; or
3. recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror and sense of impending doom occurring on the average of at least once a week; or
4. recurrent obsessions or compulsions which are a source of marked distress; or
5. recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress; and

(b) Resulting in at least one of the following:

1. marked restriction of activities of daily living; or
2. marked difficulties in maintain social functioning; or
3. deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner (in work settings or elsewhere); or



4. repeated episodes of deterioration or decompensation in work or work-like settings which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors); or
  - (c) resulting in complete inability to function independently outside the area of one's home.

(7) Psychophysiological Disorders. Physical symptoms for which there are no demonstrable organic findings or known physiological mechanisms.

The required level of severity for these disorders is met when the requirements is both (a) and (b) are satisfied; and the incapacity is expected to last for at least 60 days.

(a) Medically documented by evidence of one of the following:

1. a history of multiple physical symptoms of several years duration, beginning before age 30, that have caused the individual to take medicine frequently, see a physician often and alter life patterns significantly; or
2. persistent nonorganic disturbance of one of the following:
  - i. vision; or
  - ii. speech; or
  - iii. hearing; or
  - iv. use of a limb; or
  - v. movement and its control (e.g., coordination disturbance, psychogenic seizures, akinesia, dyskinesia; or
  - vi. sensation (e.g., diminished or heightened).
3. Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury; and

(b) Resulting in two of the following:

1. marked restriction of activities of daily living; or
2. marked difficulties in maintaining social functioning; or
3. deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner (in work settings or elsewhere); or
4. repeated episodes of deterioration or decompensation on work or work-like settings which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behavior).



(8) Personality Disorders. A personality disorder exists when personality traits are inflexible and maladaptive and cause either significant impairment in social or occupational functioning or subjective distress. Characteristic features are typical of the individual's long term functioning and are not limited to discrete episodes of illness.

The required level of severity for these disorders is met when the requirements in both (a) and (b) are satisfied; and the incapacity is expected to last at least 60 days.

(a) Deeply ingrained, maladaptive patterns of behavior associated with one of the following:

1. seclusiveness or autistic thinking; or
2. pathologically in appropriate suspiciousness or hostility; or
3. oddities of thought, perception, speech and behavior; or
4. persistent disturbances of mood or affect; or
5. pathological dependence, passivity, or aggressivity; or
6. intense and unstable interpersonal relationships and impulsive and damaging behavior; and

(b) Resulting in two of the following:

1. marked restriction of activities of daily living; or
2. marked difficulties in maintaining social functioning; or
3. deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner (in work settings or elsewhere); or
4. repeated episodes of deterioration or decompensation in work or work-like settings which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behavior).

(9) Substance Addiction Disorders. Physical changes or behavioral changes associated with the regular use of substances that affect the central nervous system when accompanied by an impairment listed elsewhere in these standards.

The required level of severity for these substance addiction disorders is met when the requirements in any of the following disorders (a through i) are satisfied; and the incapacity is expected to last for at least 60 days.

- (a) Organic mental disorders. Evaluate under Dementia with or without Delirium (106 CMR 320.210(L)(2)).
- (b) Depressive syndrome. Evaluate under Affective Disorders (106 CMR 320.210(L)(4)).
- (c) Anxiety disorders. Evaluate under Anxiety Related Disorders (106 CMR 320.210(L)(6)).



- (d) Personality disorders. Evaluate under Personality Disorders (106 CMR 320.210(L)(8)).
- (e) Peripheral neuropathies. Evaluate under Neurological System Impairments (106 CMR 320.210(K)).
- (f) Liver damage. Evaluate under Digestive System Impairments (Diseases of the Liver) (106 CMR 320.210(E)(2)).
- (g) Gastritis. Evaluate under Digestive System Impairments (Diseases of the Liver) (106 CMR 320.210(E)(2)).
- (h) Pancreatitis. Evaluate under Digestive System Impairments (Gastrointestinal Disorders) (106 CMR 320.210(E)(1)).
- (i) Seizures. Evaluate under Neurological System Impairments (Epilepsy - Major Motor Seizure and Epilepsy - Minor Motor Seizure) (106 CMR 320.210(K)(2) and (3)).

(M) Immuno-Suppressive Disorders

- (1) Indicator Diseases Diagnosed Definitively: The required level of incapacity associated with the following is met when the incapacity is expected to last for at least 60 days.
  - (a) Candidiasis of the esophagus, trachea, bronchi, or lungs.
  - (b) Coccidioidomycosis, disseminated (at a site other than or in addition to lungs or cervical or hilar lymph nodes).
  - (c) Cryptococcosis, extrapulmonary.
  - (d) Cryptosporidiosis with diarrhea persisting over one month.
  - (e) Cytomegalovirus disease of an organ other than liver, spleen, lymph nodes in an individual over one month of age.
  - (f) Herpes simplex virus infection causing a mucocutaneous ulcer that persists longer than one month, or bronchitis, pneumonitis, or esophagitis for any duration affecting an individual over one month of age.
  - (g) HIV encephalopathy (also called "HIV dementia," AIDS dementia", or "subacute encephalitis due to HIV")
  - (h) Histoplasmosis, disseminated (at a site other than or in addition to lungs or cervical or hilar lymph nodes).
  - (i) Isoporiasis with diarrhea persisting over one month.
  - (j) Kaposi's sarcoma at any age.
  - (k) Lymphoma of the brain (primary) at any age.
  - (l) Lymphoid interstitial pneumonia and/or pulmonary lymphoid hyperplasia (LIP/PLH complex) affecting a child less than 13 years of age.
  - (m) Any mycobacterial disease caused by mycobacteria other than M. tuberculosis, disseminated (at a site other than or in addition to lungs, skin, or cervical or hilar lymph nodes).
  - (n) Pneumocystis carinii pneumonia.
  - (o) Progressive multifocal leukoencephalopathy.
  - (p) Salmonella (nontyphoid) septicemia, recurrent.
  - (q) Systemic toxoplasmosis.



(2) Individuals should be considered to have an impairment that equals the severity of the listings with or without documented evidence of HIV infection and the following laboratory and clinical features:

(a) A T4 lymphocyte count of less than or equal to 200 cells/mm<sup>3</sup> (or 25 percent or less T4 lymphocytes); OR

(b) One or more of the following persisting over a 2-month period:

1. Anemia (Hematocrit value less than 30 percent);
2. Granulocytopenia (absolute neutrophil count less than or equal to 1000/mm<sup>3</sup>);
3. Thrombocytopenia (platelet count less than or equal to 40,000/mm<sup>3</sup>);
4. Documented fever (daily greater or equal to 100.4°F or 38°C);
5. Undesired weight loss greater than or equal to 10 percent of baseline;
6. Oral recurrent candidiasis;
7. Oral hairy leukoplakia;
8. Recurrent herpes zoster;
9. Persistent, unresponsive diarrhea;
10. Recurrent vaginal candidiasis;
11. Chronic pelvic inflammatory disease; AND

(3) Interference with activities of daily living resulting in marked restriction of activities of daily living such that the individual needs help with most activity including climbing stairs, shopping, cooking, housework.

(N) Neoplastic Diseases - Malignant

Intractable pain, and/or ongoing therapy side effects, disease process or treatment which has caused a disability covered elsewhere in these standards.



320.220 Vocational Factors - Definitions

The following definitions shall apply to vocational standards pursuant to this section and shall be used by the Medical Review Team to determine disability pursuant to 106 CMR 320.200(E)(3) in conjunction with the medical condition of the applicant or recipient.

- (A) Education shall mean formal schooling or other training which contributes to an ability to meet vocational requirement, for example, reasoning ability, communication skills, and arithmetic ability.
- (B) Illiterate shall mean an inability to read and write; inability to read or write a simple message such as instructions or inventory lists in spite of an ability to sign one's name; little or no formal schooling.
- (C) Unskilled shall mean work requiring little or no judgment to do simple duties that can be learned on the job in a short period of time; it may or may not require considerable strength; a person can usually learn to do the job in 30 days and little specific vocational preparation and judgment are needed.
- (D) Semi-skilled shall mean work requiring some skills but does not require doing more complex job duties; may require alertness and attention to watching machine processes, inspecting, testing or looking for irregularities; tending or guarding equipment, property or persons; requiring dexterity and coordination.
- (E) Skilled shall mean work requiring judgment to determine the machine and manual operations to be performed in order to obtain the proper form, quality or quantity of material to be produced; may require laying out work, estimating quality, determining suitability and quantity of materials, making precise measurements; dealing with people, facts or figures or abstract ideas at a high level of complexity.
- (F) Transferable skills shall mean skilled or semi-skilled work which has been done in the past which can be transferred to another job where the same or lesser degree of skill is required; the same tools or machines are used; or the same or similar raw materials, products and processes or services are involved.
- (G) Direct entry shall mean a person has the education and/or vocational training or past work experience to enter a job without further formal training beyond basic orientation.
- (H) Previous work experience shall mean work experience which occurred within the past five years.

The Medical Review Team shall evaluate disability pursuant to 106 CMR 320.210(E)(3) by considering the applicant or recipient's medical condition, age, education, previous work experience and any other relevant factors identified on supplementary forms prescribed by the Department.



Age	Education	Previous Work Experience	Decision
55 & over	Less than 12 <sup>th</sup> grade	Unskilled or none	May be Disabled
55 & over	Less than 12 <sup>th</sup> grade	Skilled or semiskilled - skills not transferable	May be Disabled
55 & over	Less than 12 <sup>th</sup> grade	Skilled or semiskilled - skills transferable	Not Disabled
55 & over	High school graduate or more - does not provide for direct entry into skilled work	Unskilled or none	May be Disabled
55 & over	High school graduate or more - provides for direct entry into skilled work	Unskilled or none	Not Disabled
55 & over	High school graduate or more - does not provide for direct entry into skilled work	Skilled or semiskilled - skills not transferable	May be Disabled
55 & over	High school graduate or more - does not provide for direct entry into skilled work	Skilled or semiskilled - skills transferable	Not Disabled
55 & over	High school graduate or more - provides for direct entry into skilled work	Skilled or semiskilled - skills not transferable	Not Disabled



Age	Education	Previous Work Experience	Decision
50-54	Less than 12 <sup>th</sup> grade	Unskilled or none	May be Disabled
50-54	Less than 12 <sup>th</sup> grade	Skilled or semiskilled - skills not transferable	May be Disabled
50-54	Less than 12 <sup>th</sup> grade	Skilled or semiskilled - skills transferable	Not Disabled
50-54	High school graduate or more - does not provide for direct entry into skilled work	Unskilled or none	May be Disabled
50-54	High school graduate or more - provides for direct entry into skilled work	Unskilled or none	Not Disabled
50-54	High school graduate or more - does not provide for direct entry into skilled work	Skilled or semiskilled - skills not transferable	May be Disabled
50-54	High school graduate or more - does not provide for direct entry into skilled work	Skilled or semiskilled - skills transferable	Not Disabled
50-54	High school graduate or more - provides for direct entry into skilled work	Skilled or semiskilled - skills not transferable	Not Disabled



<u>Age</u>	<u>Education</u>	<u>Previous Work Experience</u>	<u>Decision</u>
Younger Individual Age 45-49	Illiterate or unable to communicate in English	Unskilled or none	May be Disabled
Age 45-49	Less than 12 <sup>th</sup> grade	Unskilled or none	Not Disabled Not Disabled
Age 45-49	Less than 12 <sup>th</sup> grade	Skilled or semiskilled - skills not transferable	
Age 45-49	Less than 12 <sup>th</sup> grade	Skilled or semiskilled - skills transferable	Not Disabled
Age 45-49	High school graduate or more	Skilled or semiskilled - skills not transferable	Not Disabled
Age 45-49	High school graduate or more	Skilled or semiskilled - skills transferable	Not Disabled
Younger Individual age 18-44	Illiterate or unable to communicate in English	Unskilled or none	Not Disabled
Age 18-44	Less than 12 <sup>th</sup> grade - at least literate	Unskilled or none	Not Disabled
Age 18-44	Less than 12 <sup>th</sup> grade	Skilled or semiskilled - skills not transferable	Not Disabled
Age 18-44	Less than 12 <sup>th</sup> grade	Skilled or semiskilled - skills transferable	Not Disabled



320.250: Participant in a Massachusetts Rehabilitation Commission Program

(A) An applicant or recipient who is actively participating in a Massachusetts Rehabilitation Commission (MRC) training and/or rehabilitation program(s) (including post-secondary education) shall be considered to have a physical or mental disability without application of the medical standards specified in 106 CMR 320.210, provided the applicant or recipient meets all other categorical and financial requirements of the EAEDC program.

(B) Verification of active participation in an MRC program must be provided by the applicant or recipient as specified below at application, redetermination, or when there is a change in his or her active participation status.

(1) At application, the applicant must provide the following two items to verify that the EAEDC applicant is an active MRC participant:

(a) MRC's medical or psychiatric reports that are the basis of eligibility for MRC services. MRC shall provide these reports to the local welfare office at the request of the applicant; and

(b) a written statement, signed by the MRC counsellor, that the individual is vocationally disabled and would continue to be so without completion of the specific rehabilitation program. The statement shall:

1. certify that the applicant is currently actively participating in a training or rehabilitation program; and
2. explain what the program is and its anticipated length.

(2) At redetermination, the recipient must provide a current statement from his or her MRC counsellor as specified in 106 CMR 320.250(B)(1)(b) verifying his or her continued active MRC participation.

(3) At the time of a change in his or her active participation status in an MRC program, the applicant or recipient must provide a written statement from his or her MRC counsellor that explains the change in his or her active participation status. To be considered timely, such statement must be provided within 10 days as specified in 106 CMR 318.420.



320.300: Caring for the Disabled

An applicant or recipient is required to care for a person in the home who is disabled and in need of constant care. Such disabled person is in need of constant care and if such constant care was not provided, the disabled person would be required to be institutionalized. All three elements must exist for an applicant or recipient of EAEDC to be categorically eligible.

The applicant or recipient must provide verification of the disabled person's disability, the need for constant care, and the risk of institutionalization without such constant care. This must be verified at application, redetermination or time of any change by a written statement from the disabled person's physician on the physician's letterhead that verifies the disability, the need for constant care and that the disabled person would be at risk of institutionalization without such care.

The income and assets of the disabled person shall be considered in the determination of eligibility as specified in 106 CMR 321.235. If the income and/or assets of the disabled person exceed the limits specified in 106 CMR 321.235, the applicant or recipient of EAEDC is ineligible for EAEDC.

The EAEDC applicant or recipient must meet all other categorical and financial requirements of the EAEDC program as specified in Chapters 320 and 321.

320.400: Family

To be eligible for EAEDC, a family must meet all of the requirements specified in (A) or (B) below:

- (A) For purposes of 106 CMR 320.400(A), a family is defined as a dependent child(ren) under the age of 18, his or her siblings or half-siblings and his or her natural or adoptive parents whether or not they are married to each other living in the same home; and
  - (1) the filing unit as specified in 106 CMR 321.310 must include all of the dependent children in the home, all of the siblings and half-siblings and his or her natural or adoptive parents living in the home; and
  - (2) the assistance unit must include all of the individuals specified in 106 CMR 320.400(A)(1) unless one or more of these persons: (a) is eligible for and/or receiving AFDC or SSI; or (b) do not meet the citizenship or alienage requirements as specified in 106 CMR 320.600 through 320.620. There must be at least one dependent child(ren) in an assistance unit unless all of the natural or adoptive children and all of his or her siblings and half-siblings living in the same home are eligible for and/or receiving SSI; and



- (3) the assistance unit has been determined ineligible for AFDC solely because neither parent could meet the work history requirements as specified in 106 CMR 303.340 for AFDC eligibility; and
- (4) there is no option to exclude any or all of the dependent children, siblings, half-siblings and/or one or both of the parents from the assistance unit except as specified in 106 CMR 320.400 (A)(2); and
- (5) If any person is excluded from the assistance unit because he or she is receiving AFDC, the total amount of AFDC and/or EAEDC assistance received by the filing unit may not exceed what the AFDC Payment Standard would be if the filing unit were one AFDC assistance unit or up to \$5.00 in excess of this Payment Standard, whichever is less; and
- (6) no member of the assistance unit, as defined in 106 CMR 320.400 (A)(2) above, that includes a dependent child has the option to apply for or receive EAEDC pursuant to 106 CMR 320.100, 320.200, 320.250, 320.300 or 320.450; and
- (7) any parent in the assistance unit between the ages of 18 and 65 who is not in school, who is not gainfully employed nor in training must register for work with the Department of Employment and Training (DET) as a condition of initial and continuing eligibility; and must
  - (a) actively seek employment; and
  - (b) maintain his or her registration with DET; and
  - (c) accept a referral to or offer of suitable employment; and
  - (d) report to the Department on the results of any job referral; and
  - (e) provide verification from DET of his or her record of attempts to find employment through DET and verification of other efforts to obtain employment. Such verification must be provided by the applicant or recipient at least once every three months or more frequently as required by the Department.

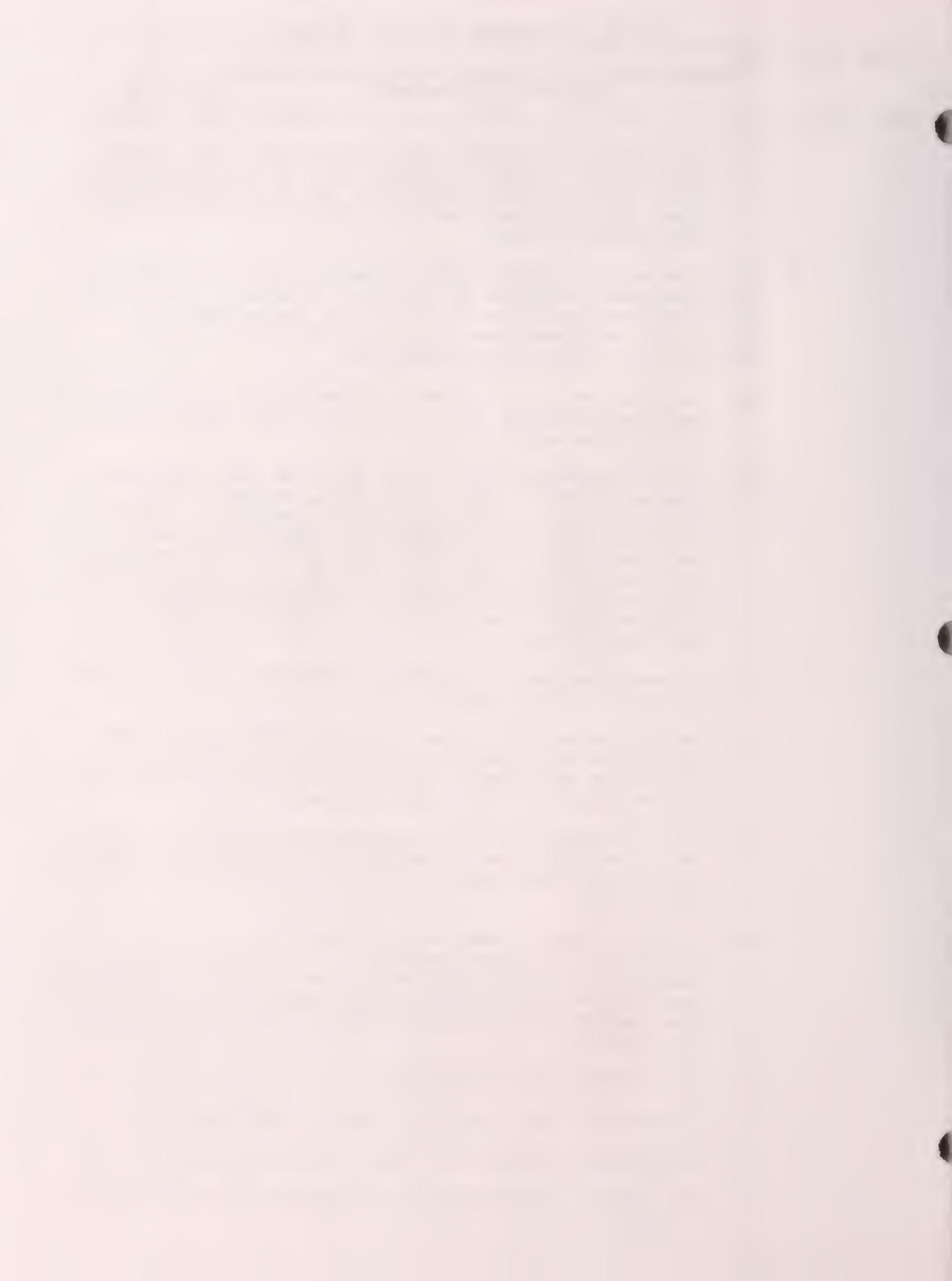
The Department shall determine whether the person has good cause for failure to comply with these requirements. Good cause for failure to comply with these requirements shall include failure to comply due to illness or disability. Verification of the illness or disability shall be a written statement from a competent medical authority as defined in 106 CMR 318.500, stating the illness or disability that prevented the compliance with these requirements. A person who has failed to comply with these requirements without good cause shall have his or her assistance denied or terminated. Such denial or termination shall not affect the eligibility of the dependent child(ren) in the home.



An applicant or recipient shall be exempt from these requirements if he or she has a dependent child in the home under the age of three. However, only one of the two parents shall be exempt from these requirements if there is a dependent child under the age of three.

(B) For purposes of 106 CMR 320.400(B), a family is defined a dependent child(ren) under the age of 18, his or her siblings or half-siblings and an adult caretaker aged 18 or older who does not meet the relationship requirement specified in 106 CMR 303.210 for AFDC eligibility, living in the same home; and

- (1) the filing unit as specified in 106 CMR 321.310 must include the dependent child(ren) and his or her siblings or half-siblings living in the same home; and
- (2) the assistance unit must include all of the individuals specified in 106 CMR 320.400(B)(1) unless one or more of these persons: (a) is eligible for and/or receiving AFDC or SSI; or (b) do not meet the citizenship and alienage requirements specified in 106 CMR 320.600 through 320.620. There must be at least one dependent child in an assistance unit unless all of the dependent child(ren) and his or her siblings or half-siblings living in the same home are eligible for and/or receiving SSI; and
- (3) the assistance unit as specified in 106 CMR 321.310 may include the adult caretaker relative; and
- (4) the assistance unit has been determined ineligible for AFDC solely because the caretaker relative did not meet the relationship to the dependent child(ren) requirement as specified in 106 CMR 303.210 for AFDC eligibility; and
- (4) there is no option to exclude the dependent child(ren) and/or any of the siblings or half-siblings of the dependent child(ren) living in the same home except as specified in 106 CMR 320.400 (B)(2); and
- (5) if the caretaker chooses to be included in the assistance unit and he or she is between the ages of 18 and 65 and is not in school, or is not gainfully employed nor in training, he or she must register for work with the Department of Employment and Training (DET) as a condition of initial and continuing eligibility; and must
  - (a) actively seek employment; and
  - (b) maintain his or her registration with DET; and
  - (c) accept a referral to or offer of suitable employment; and
  - (d) report to the Department on the results of any job referral; and



(e) provide verification from DET of his or her record of attempts to find employment through DET and verification of other efforts to obtain employment. Such verification must be provided by the applicant or recipient at least once every three months or more frequently as required by the Department.

The Department shall determine whether the person has good cause for failure to comply with these requirements. Good cause for failure to comply with these requirements shall include failure to comply due to illness or disability. Verification of the illness or disability shall be a written statement from a competent medical authority as defined in 106 CMR 318.500, stating the illness or disability that prevented the compliance with these requirements. A person who has failed to comply with these requirements without good cause shall have his or her assistance denied or terminated. Such denial or termination shall not affect the eligibility of the dependent child(ren) in the home.

A caretaker shall be exempt from these requirements if he or she has a dependent child in the home under the age of three.

(C) For purposes of EAEDC eligibility, the only time that an applicant or recipient who is the natural or adoptive parent(s) of a dependent child(ren) living in the same home may be eligible pursuant to 106 CMR 320.100, 320.200, 320.250, 320.300 or 320.450 is when:

- (1) he or she is ineligible for inclusion in an assistance unit specified in 106 CMR 320.400(A); and
- (2) all of his or her dependent child(ren) and all of the siblings and half-siblings of the dependent child(ren) living in the same home are eligible for and/or receiving AFDC and/or SSI; and
- (3) the natural or adoptive parent(s) is not eligible for AFDC because he or she does not meet the AFDC citizenship or alienage requirements as specified in 106 CMR 303.500-520; and
- (4) he or she is otherwise eligible for EAEDC.

320.450: Student

(A) A student is an applicant or recipient who does not meet the definition of a dependent child in accordance with 106 CMR 318.500, has not yet reached his or her twenty-first birthday, and is regularly attending full-time a grade school, high school, technical or vocational school, or any other secondary school in grade twelve or below or an equivalent level of vocational or technical training.

A student loses his or her eligibility as a student as soon as he or she: obtains a high school diploma or its equivalent; or stops regularly attending school; or reaches his or her twenty-first birthday.



(1) Definition of Full-Time

- (a) In an elementary school, or equivalent program approved by the school, full-time is 25 instructional hours per week.
- (b) In a trade or technical school, or equivalent program approved by the school, in a program involving shop practice full-time is 30 clock hours per week; in a program without shop practice, full-time is 25 clock hours.
- (c) In a secondary school (including special schools for the blind, deaf, or disabled), or equivalent program approved by the school, full-time is 25 clock hours per week or four carnegie units per year.
- (d) In a secondary education program of cooperative training or in apprenticeship training, or in an equivalent program approved by the school, full-time is 30 clock hours per week.

(2) Definition of Regularly Attending

A student is considered to be regularly attending if he or she has attended at least 80% of the elapsed days of the school calendar year. Regular attendance is not interrupted when the student is temporarily absent for reasons accepted by the school or institution, official school or institution vacation, illness or family emergency. The student is considered to be regularly attending through the end of the month in which he or she graduates.

(B) Verification

- (1) Verification of full-time student status and regular attendance is mandatory and is verified by a signed statement from an appropriate school authority.
- (2) During summer months, if the statement listed in (1) above is unavailable, verification shall be by one of the following:
  - (a) a report card from the last semester of the previous school year; or
  - (b) a course schedule or other notice of attendance for the next school year;

If the above-listed documents are unavailable, and if the worker is unable to obtain documentation through collateral contact, the self-declaration of the student shall be sufficient evidence.



320.500: Age

The age of the applicant or recipient must be verified.

Age shall be verified by one of the following documents provided the document contains evidence of the individual's age:

- . birth certificate;
- . hospital birth record;
- . court records (e.g., adoption, separate support, adjudication of paternity);
- . Notification of Birth (NOB-1) signed by appropriate hospital official;
- . Social Security (RSDI) benefit records;
- . Immigration and Naturalization records;
- . baptismal certificate;
- . school records;
- . church records or a family bible;
- . insurance policies;
- . employment records;
- . newspaper records and local histories;
- . Indian agency records;
- . child welfare service records;
- . voluntary social service records;
- . day care center records;
- . Head Start Program records;
- . passport;
- . United States Census records;
- . driver's license;
- . other governmental records; or
- . an affidavit of a knowledgeable third person, if the applicant or recipient has demonstrated that he has tried unsuccessfully to obtain appropriate documents.

The applicant or recipient has the primary responsibility for obtaining verification. If the applicant or recipient is unable to provide the verifications, the worker shall assist the applicant or recipient in obtaining needed information.



320.510: Identification of the Applicant

The worker shall establish the identity of the applicant. Proof of identity shall be by any one of the following:

- (A) a birth certificate,
- (B) a hospital birth record,
- (C) a Social Security Card,
- (D) a driver's license,
- (E) a voter registration card,
- (F) military service papers,
- (G) a marriage license,
- (H) court records,
- (I) employment papers,
- (J) a passport,
- (K) a baptismal certificate,
- (L) other official government document(s), or
- (M) in the event that none of the above are available at the time of application, identity may be temporarily verified by a signed and dated third-party, sworn statement from an authorized person from one of the following organizations:
  - (1) educational,
  - (2) emergency shelter,
  - (3) medical,
  - (4) rehabilitational,
  - (5) religious, or
  - (6) social services.

An applicant or recipient who has established identity in a temporary manner must take the necessary steps to obtain permanent verification of identity as specified in 106 CMR 320.510 (A) through (M) within the application time frames. Unreasonable failure to do so shall result in the denial or termination of assistance; and furthermore, no additional periods of eligibility may be established until such permanent identity verification is provided.



320.520: Resident

The term "resident" means any person living within the Commonwealth, notwithstanding the lack of a present abode, and having no present intention of definite and early removal, but not necessarily with the intention of remaining permanently.

Any person(s) who enters the Commonwealth solely for the purpose of obtaining EAEDC assistance shall not be considered a resident.

320.530: Place of Residence

An applicant or recipient and his or her dependents must reside in the Commonwealth of Massachusetts, but there is no durational residence requirement in the Commonwealth.

Confinement of a person in a nursing home, hospital, or other medical institution in the Commonwealth shall not, in and of itself, be sufficient evidence to qualify such person as a resident under this chapter.

An applicant or recipient who resides in a public nonmedical institution (e.g., a municipal infirmary), public psychiatric institution, or who temporarily enters a nursing home, public medical institution, or chronic hospital approved or licensed by the Department of Public Health may be eligible for assistance under this subchapter.

320.540: Temporary Absence

It is not necessary that an applicant or recipient be physically present at all times in the place of residence.

(A) Absence from Residence

Temporary absences, including absences from the Commonwealth with subsequent returns to the residence or intent to return when the purpose of the absence is accomplished, do not interrupt continuity of residence. Temporary absences include those for such reasons as illness, business, school, or family commitments. In order for an absence to be temporary, there shall be an intent to retain the permanent residence.

Temporary absence for a recipient shall also include admission to a private or public psychiatric institution for a period of up to two months from the date of admission.

(B) Duration

Temporary absences shall not exceed 60 days.

(C) Exceptions

Exceptions to the 60-day limit may be granted with the approval of the local office director when the applicant or recipient continues to maintain his or her permanent residence and (1) the



absence is due to death or illness of a friend or family member or illness of the applicant or recipient; and (2) failure to continue assistance will result in a severe hardship such as homelessness. The temporary absence shall in no event exceed six months. However, no exception to the two-month limit shall be granted for a recipient who is a patient in a private or public psychiatric institution.

If an absence exceeds 60 days, verification of the reason for the absence and verification of intent to retain residency must be submitted.

**(D) Verifications**

Acceptable verification of the cause of the temporary absence includes medical documentation, a short-term business contract or school documents. Verification of intent to retain residency includes any one of the following provided it bears the name and address of the recipient:

- (1) a current rent or mortgage receipt; or
- (2) a current utility bill; or
- (3) a current telephone bill; or
- (4) any other form of documentation which the supervisor has determined verifies the continued residence or intent to retain residency, as appropriate, of the recipient.

**(E) Amount of Assistance**

Assistance shall be continued at the grant level received immediately prior to the temporary absence during such absence unless circumstances unrelated to the temporary absence warrant a change.

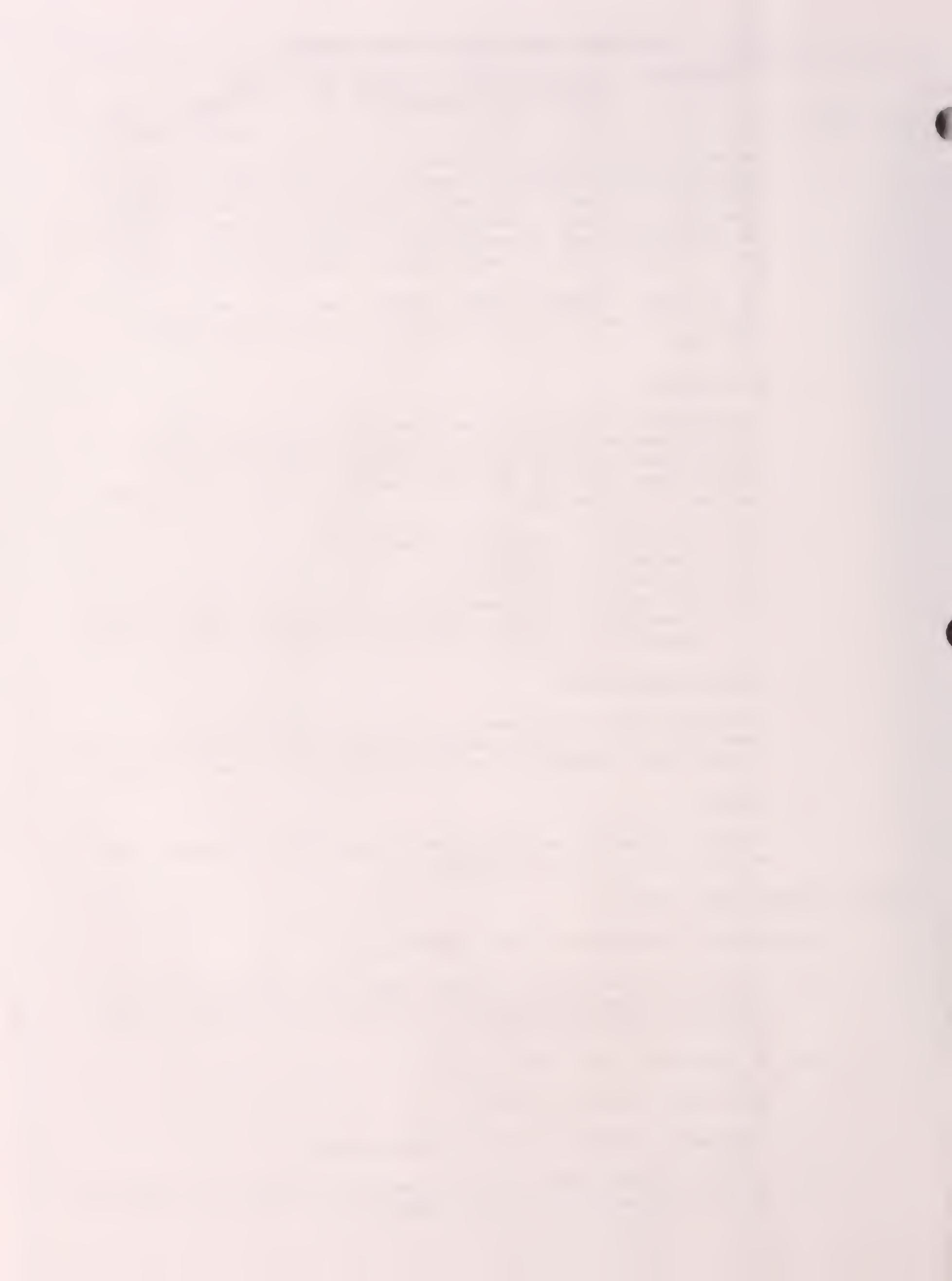
**(F) Address**

During a period of temporary absence checks shall be mailed to the address of the recipient's choice.

**320.550: Disqualifying Absences**

An applicant or recipient is not eligible while:

- (A) a patient in a private psychiatric institution unless the patient is a recipient whose absence meets the definition of temporary absence specified in 106 CMR 320.540;
- (B) an inmate of a penal institution;
- (C) absent from the United States;
- (D) permanently residing outside the Commonwealth; or
- (E) placed in family foster care or a group care facility by a Department of the Commonwealth or a private agency.



320.600: Citizens, Aliens, and Canadian-Born Indians

To be eligible for assistance, the applicant or recipient must be either a citizen of the United States, an alien lawfully admitted for permanent residence or permanently residing in the United States under color of law, or an American Indian born in Canada. Verification of citizenship and/or alien status must be provided for each applicant and recipient required to be included in the assistance unit.

320.610: Citizens(A) Requirements

A person is a U.S. citizen.

(B) Verification

For a person born in the United States, citizenship is verified by a source that indicates the place of birth.

For a person born outside of the United States, citizenship is verified by one of the following:

- (1) U.S. passport;
- (2) Naturalization certificate;
- (3) Military service papers;
- (4) U.S. Citizen Identity Card (Form I-179);
- (5) U.S. Citizen Resident's Card (Form I-197);
- (6) Proof that both parents were citizens at the time of the person's birth, and that one of them had been a resident of the United States prior to the birth of this person;
- (7) Proof that both parents became naturalized citizens prior to this person marrying or turning age 18; provided that at the time of the second parent's, or surviving parent's, naturalization the person was residing in the US pursuant to a lawful admission for permanent resident status, or thereafter begins to reside permanently in the US while under the age of 18; or
- (8) Proof that one parent was a citizen of the US at the time of the person's birth and proof that such parent resided in the US for more than five years, two years of which were after the age of 14.



320.620: Aliens**(A) Requirements**

An individual who is not a citizen may be eligible for assistance if he or she:

- (1) is a legal permanent resident; or
- (2) is permanently residing in the US under color of law.

Permanently residing under color of law(PRUCOL) means that (i) the individual's presence in the US is known to INS; and, except as provided in 106 CMR 320.620, (ii) there is no evidence that INS is engaged in deportation proceedings against the individual.

Aliens in lawful non-immigrant status, such as students, visitors and diplomats, are not eligible unless they otherwise satisfy the provisions of 106 CMR 320.620(B).

**(B) Verification of Aliens**

The status of an alien must be verified by the applicant or recipient.

- (1) The status of an individual lawfully admitted as a permanent resident is verified by:
  - (a) An "Alien Registration Receipt Card" (INS-I-151), or a "Resident Alien Card" (INS-I-551). These are often referred to as "Green Cards" but may be issued in other colors. If the card has expired but it had been valid for 10 years, the card is still a valid form of verification. If the card has expired and it had been valid for two years, see 106 CMR 320.620(B)(1)(d).
  - (b) An unexpired "Re-entry Permit" (INS-I-327) used for travel purposes by persons who have been issued the INS-I-151 or the INS-I-551;
  - (c) Official documentation from INS verifying that the alien has applied for a replacement INS-I-151 or INS-I-551 in the event of loss, theft or expiration e.g., a receipt showing a request for replacement or a date-stamped copy of an INS-I-90;
  - (d) Official documentation from INS verifying that the alien has filed for the removal of conditions on his or her permanent resident status, e.g., a receipt showing the filing of a form INS-I-751 or INS-I-752, or a date-stamped copy of an INS-I-751 or INS-I-752;



(e) A foreign passport, travel document or an Arrival Departure record (INS-I-94) stamped by INS to indicate that the document is to serve as temporary evidence of admission for or adjustment to permanent resident status. The stamp will have an expiration date, see 106 CMR 320.620(B)(1)(a) if the date has expired.

(f) A temporary resident card (INS-I-688 or INS-I-688A) with a sticker (generally black) stating that the card is temporary evidence of admission for adjustment to permanent resident status;

(g) Documentation from the INS, a court, or the Board of Immigration Appeals, that indicates that the alien has been granted a suspension of deportation pursuant to Section 244 of the INA or an adjustment of status pursuant to Section 245 of the INA; or

(h) Any other official documentation from INS that indicates permanent resident status.

(2) Verification that a person is permanently residing under color of law (PRUCOL) can be made by producing an Arrival Departure Record (INS-I-94) indicating one of the following statuses:

(a) Refugee-conditional entry (pursuant to Section 203(a)(7) of the INA);

(b) Refugee-paroled (pursuant to Section 207(c) of the INA, in effect after March 31, 1980);

(c) Paroled (pursuant to Section 212(d)(5) of the INA);

(d) Political asylum granted or pending and/or withholding of deportation granted or pending (pursuant to Sections 208 or 243(h) of the INA) (An INS-I-94 that indicates that an INS-I-589 has been filed is sufficient verification of this status);

(e) Cuban/Haitian entrant (status pending) or the initials "OOE" or the words "Outstanding Order of Exclusion";

(f) Citizen of Cuba either entered in US or paroled after April 20, 1980;

(g) Citizen of Haiti granted "Voluntary Departure" status or paroled. (This person must have been in INS proceedings as of June 19, 1980.);

(h) Temporary protected status (TPS) in accordance with Sections 302 and 303 of the Immigration Act of 1990 (Public Law 101-649);

(i) Voluntary departure status (granted for six months or more); or



(j) Amerasian: a child fathered by a US citizen, who was born after 1950 and before October 22, 1982, in Korea, Vietnam, Laos, Kampuchea or Thailand. An INS-I-94 marked "AM-1", "AM-2" or "AM-3" indicates that a person is an Amerasian.

(3) Verification that a person is permanently residing under color of law (PRUCOL) may be made by providing an Employment Authorization card (INS-I-688B) with one of the following notations (generally the number alone appears on the card):

- (a) 274a.12(a)(3) (admitted as a refugee);
- (b) 274a.12(a)(4) (paroled as a refugee);
- (c) 274a.12(a)(5) (asylum granted);
- (d) 274a.12(a)(10) (withholding of deportation);
- (e) 274a.12(a)(11) (extended voluntary departure granted);
- (f) 274a.12(a)(12) (temporary protected status granted);
- (g) 274a.12(c)(8) (asylum/withholding application pending);
- (h) 274a.12(c)(9) (adjustment of status pending);
- (i) 274a.12(c)(10) (suspension of deportation pending);
- (j) 274a.12(c)(11) (paroled into US);
- (k) 274a.12(c)(12) (voluntary departure granted, but only if it is clear from the card that it is for six months or more);
- (l) 274a.12(c)(14) (deferred action status granted);
- (m) 274a.12(c)(15) (registry pending)'
- (n) 274a.12(c)(18) (under an order of supervision); or
- (o) 274a.12(c)(19) (temporary protected status pending).

(4) PRUCOL status may also be demonstrated by the following documentation:

- (a) Documentation from INS verifying that the alien has filed a form A-102 or otherwise has applied for a replacement INS-I-94 indicating one of the statuses indicated in 106 CMR 320.620(B)(2);



- (b) Documentation from INS, a court, or the Board of Immigration Appeals, verifying a grant of voluntary departure status for six or more months, or a stay of deportation, or a grant of deferred action; or documentation that the alien has a pending request for a grant of voluntary departure status, a stay or suspension of deportation, or deferred action status, or for an extension of a voluntary departure;
- (c) Documentation of continuous residence in the US which commenced prior to January 1, 1972, including but not limited to rent receipts, library cards, bank statements, insurance policies, church membership, or an affidavit of a third person;
- (d) Documentation from INS, a court, or Board of Immigration Appeals verifying that the alien has been granted political asylum or has filed an application for political asylum (INS-I-589) which is currently pending;
- (e) Documentation that the person is a citizen of Cuba or Haiti who entered the US prior to 10/10/80;
- (f) Documentation from INS that lawful temporary resident status has been granted pursuant to Sections 201 or 302 of the Immigration and Reform Act of 1986 (INS-I-688 or INS-I-688A);
- (g) Documentation from INS that Temporary Protected Status (TPS) has been granted pursuant to Sections 302 or 303 of the Immigration Act of 1990 (INS-I-688B endorsed "Provisions of law 274A.12(A)(12)");
- (h) Documentation from INS verifying that the alien has been registered for benefits pursuant to American Baptist Churches v. Thornburgh, 760 F. Supp 796 (N.D. Cal, 1991);
- (i) Documentation from INS that the alien has applied for or been granted voluntary departure status under Section 301 of the Immigration Act of 1990 (Family Unity and Temporary Protected Status);
- (j) Documentation from INS that the alien is under an Order of Supervision;
- (k) Documentation from INS that there is a pending application filed on behalf of the alien, who is a minor, for special immigration status pursuant to Section 101(a)(27)(J) of the INA;
- (l) Documentation from INS that the alien has a pending application for adjustment of status under Section 245 of the INA (INS-I-485 or INS-I-485A or INS-I-485C); or



(m) Any other official written documentation from INS that indicates the person is permanently residing under color of law (PRUCOL) in the US.

(5) For purposes of 106 CMR 320.620(B), verification that an individual has filed a specified application with INS or that the individual has a specified pending request with INS may be provided by a notarized affidavit of an attorney stating that he or she has personal knowledge of such fact.

(6) If an individual claims PRUCOL status, but cannot provide acceptable documentation, he or she shall only be determined eligible if he or she declares that he or she satisfies the PRUCOL requirements specified in 106 CMR 320.620(B)(4) and sends a Freedom of Information ACT(FOIA) request pursuant to 5 USC 552 to INS asking for verification of his or her status. The FOIA request shall be made on the form, or in the manner, prescribed by INS. This method of verification of PRUCOL status may be used by an individual only two times. If used twice, the individual in his or her second request must ask INS to send the response to the Department, in care of his or her worker. Verification that a FOIA request has been sent to INS and/or the second FOIA request names the Department as the intended recipient of INS' response shall be by one of the following:

(a) the individual's worker reviewing and mailing (at the individual's cost) the FOIA request; or

(b) a notarized affidavit of an attorney stating that he or she mailed and/or delivered the individual's FOIA request to INS and that the FOIA request contained the information as required by INS and the Department.

(7) PRUCOL status is not established where:

(a) an alien has been granted voluntary departure status of less than six months; or

(b) INS has initiated deportation and such proceedings have not been stayed, suspended nor has an application for relief from deportation been filed.



320.630: Deeming of an Alien Sponsor's Income and Assets**(A) Definitions****(1) Sponsor**

A sponsor is any person who, or public or private agency or organization that, executed an affidavit of support or similar agreement on behalf of an alien as a condition of that alien's entry into the United States.

**(2) Sponsored Alien**

A sponsored alien is an alien who has been admitted to the United States for permanent residence and for whom an affidavit of support was signed as a condition of entry.

**(B) Verification**

A sponsorship agreement must be verified. Verification shall be by one of the following:

- (1) a copy of the affidavit of support;
- (2) a copy of a similar agreement;
- (3) other appropriate INS documents;
- (4) a statement signed by the sponsor; or
- (5) a statement signed by the sponsored alien applicant or recipient.

**(C) Aliens Who Are Exempt from Sponsored Alien Provisions**

The provisions of this section shall not apply to any alien who is:

- (1) the dependent child or step-child of the sponsor;
- (2) admitted as a conditional entrant refugee to the United States as a result of the application of the provisions of Section 203(a)(7) (in effect prior to April 1, 1980) of the Immigration and Nationality Act;
- (3) admitted as a refugee to the United States as a result of the application of the provisions of Section 207(c) (in effect after March 31, 1980) of the Immigration and Nationality Act;
- (4) paroled into the United States as a refugee under Section 212(d)(5) of the Immigration and Nationality Act;
- (5) granted political asylum by the Attorney General under Section 208 of the Immigration and Nationality Act;
- (6) a Cuban or Haitian entrant, as defined in Section 501(e) of the Refugee Education Assistance Act of 1980 (Public Law 96-422); or,



(7) the spouse, dependent child, relative or other household member of the sponsored alien's household not sponsored by the same sponsor or a different sponsor.

(D) Requirements

(1) For the first three years after a sponsored alien enters the United States for permanent residence, the sponsored alien shall be deemed to receive support from his or her sponsor.

(2) The sponsored alien applicant or recipient must cooperate in obtaining the necessary income and asset information from the sponsor. Failure of the sponsored alien applicant or recipient or the sponsor to cooperate in determining the amount of income and assets available to the sponsored alien applicant or recipient from the sponsor shall result in denial or termination of assistance. See also: 106 CMR 319.310: Responsibility for Verification.

(E) Determination of Available Income from an Individual Sponsor

(1) The total monthly gross earned and unearned income of a sponsor and sponsor's spouse (if the spouse is living with the sponsor) is deemed to be available to a sponsored alien subject to the following disregards:

- a. twenty percent of the total monthly gross earned income of the sponsor and of the sponsor's spouse (if living with the sponsor), not to exceed \$175;
- b. the amount of the appropriate EAEDC Standard of Assistance for a family of the size and composition of the sponsor's family (see 106 CMR 321.420). Only those dependents who are living in the same household as the sponsor and who are or could be claimed by the sponsor as dependents for federal income tax purposes may be considered in calculating this disregard;
- c. any amount of money that the sponsor or sponsor's spouse actually pays to individuals who do not live in the same household as the sponsor, but who are or could be claimed as dependents for federal income tax purposes; and
- d. the amount actually paid by the sponsor or sponsor's spouse as child support or alimony payments, with respect to individuals not living in the household.



(2) No income may be deemed available from a sponsor or sponsor's spouse who receives of AFDC, RRP, EAEDC or SSI.

(3) Verification

The income of the sponsor or the sponsor's spouse, or both, shall be verified in accordance with Chapter 321.

(F) Determination of Available Assets from an Individual Sponsor

(1) The assets of the sponsor and the sponsor's spouse (if the spouse is living with the sponsor) shall be evaluated in accordance with 106 CMR 321.100 through 321.140 and deemed available to the sponsored alien subject to the following disregard: the first \$1500 of countable assets is not deemed available to the sponsored alien applicant or recipient.

(2) Verification

The assets of the sponsor or the sponsor's spouse, or both, shall be verified in accordance with 106 CMR 321.120.

(G) Sponsorship of More Than One Alien

(1) If an individual is the sponsor of more than one alien, the total amount of deemable income and assets shall be divided equally among the sponsored aliens.

(2) Verification

Sponsorship of more than one alien shall be verified in accordance with paragraph (B) above.



**(H) Sponsorship by a Public or Private Agency or Organization**

- (1) A public or private agency or organization that sponsors an alien is presumed to be providing for the sponsored alien's financial needs. There are two exceptions to this rule:
  - (a) An alien who is sponsored by a public or private agency or organization shall be eligible for EAEDC only when the public or private agency or organization no longer exists; or,
  - (b) The amount of assistance provided by the public or private agency or organization is insufficient.

**(2) Verification**

- (a) The nonexistence of a public or private agency or organization shall be verified by a written statement, signed and dated by a third party, who would have knowledge that the agency or organization is no longer in existence.
- (b) A public or private agency's or organization's inability to provide sufficient support for the sponsored alien shall be verified by a written statement, signed and dated by an appropriate official of the agency or organization. This statement must include the reason for the agency's or organization's inability to provide sufficient support and the amount, if any, of support being provided to the sponsored alien.

**(3) Determination of Available Income from an Agency or Organization**

- (a) To determine whether or not the available income from an agency or organization is sufficient to meet the needs of the sponsored alien, the income, if any, available from the agency or organization, shall be compared to the Standard of Need for a one-person household.

If the income exceeds the Standard of Assistance for a one-person household, the income is sufficient to meet the needs of the sponsored alien. The sponsored alien is therefore ineligible. If the income is equal to or less than the Standard of Need for a one person household, see b. below.

- (b) The amount of income, if any, available from an agency or organization that is equal to or less than the standard of need for a one-person household is to be treated as unearned income in combination with any other countable income when determining eligibility for the sponsored alien and his or her assistance unit. (See Chapter 321.)



(I) Repayment of Overpayments to Sponsored Aliens

- (1) If an overpayment is made to a sponsored alien during the time that the sponsor's income or assets, or both, are deemed to the alien and the overpayment was due entirely or in part to the sponsor's failure to provide correct income and asset information to the Department, both the sponsored alien and the sponsor shall be jointly and severally liable for repayment of the overpayment. The repayment of the overpayment shall be in accordance with 106 CMR 323.200, et seq.
- (2) The sponsor will not be liable for repayment of the overpayment if he or she can show good cause for failure to provide correct income and asset information or is found to be without fault in providing such information.

Situations where a sponsor is without fault or has good cause for failure to provide correct income and asset information are:

- (a) The incorrect information relates to the sponsored alien only and not the sponsor; or
- (b) The incorrect information relates to the sponsor and evidence exists that the sponsor provided correct information to the sponsored alien who transmitted that information incorrectly to the Department; or
- (c) Evidence exists that the sponsored alien falsified verification(s).

If the sponsor is found to be without fault or has good cause for failure to provide correct income and asset information, the sponsored alien is liable for repayment of the overpayment. The repayment of the overpayment shall be in accordance with 106 CMR 323.250, et seq.

- (3) The amount of the EAEDC overpayment shall be offset by any child support or other third party payments received by the Department during the time period in question. In no event may the Department recover more than the total overpayment.



320.640: American Indian Born in Canada**(A) Requirements**

A person with at least 50 percent Indian blood who was born in Canada and who has maintained residence in the United States since his or her entry must be regarded as having been lawfully admitted for permanent residence.

Persons with less than 50 percent Indian blood must satisfy the requirements of 106 CMR 320.620: Aliens, and, if appropriate, 320.630: Deeming of an Alien Sponsor's Income and Assets.

**(B) Verifications**

This status must be verified. Canada-born Indian status is verified by one of the following:

- (1) a "band card" issued by the band council of a Canadian Indian reserve;
- (2) birth or baptism records;
- (3) a provincial Union of Indians card (such as a Union of Nova Scotia Indians card); or
- (4) an affidavit from a tribal official or other person knowledgeable about the applicant's or recipient's family ancestry.

320.650: Decision of Alien to Apply for Assistance

An alien who does not have immigrant status must be informed that receipt of public assistance may result in an adverse decision by INS when the person is eligible to apply for a change of status to permanently admitted alien. It is important that an individual fully understand the implications of his or her immigration status before deciding whether or not to apply for or to receive public assistance.

320.660: Disclosure of Information to INS

The worker is prohibited from disclosing information regarding persons on EAEDC without their consent. The alien may request information from his or her own record and make a voluntary disclosure to INS.



320.700: Social Security Number (SSN)**(A) Social Security Number (SSN) Requirements**

As a condition of eligibility, each applicant or recipient must verify a social security number (SSN) for each person for whom assistance is requested or received. Each SSN shall also be verified by a computer match performed by the Department with the Social Security Administration (SSA). SSA sources that verify the SSN include, but are not limited to, BENDEX Title II and Title XVIII data, Numident and State Data Exchange information.

- (1) Verification of an SSN or application for an SSN shall be by:
  - (a) the Social Security card of the applicant or recipient;
  - (b) verification from SSA that he or she has applied for an SSN or applied to have an already-existing number validated; or
  - (c) a copy of an SSN verified for another Department program.
- (2) Except as provided in 106 CMR 320.700(A)(4), any member of the assistance unit who is unable to verify an SSN, or for whom more than one SSN is verified, must provide verification from the SSA, in accordance with 106 CMR 320.700(B)(2), stating that he or she:
  - (a) has applied for a number;
  - (b) has applied to have an already-existing number validated; or
  - (c) is unable to obtain an SSN because of his or her particular PRUCOL status.
- (3) Assistance may not be denied, delayed, or decreased pending the issuance or verification of an SSN if the applicant or recipient has complied with the requirements specified in 106 CMR 320.700 (A) and/or (B).
- (4) An applicant or recipient who does not provide such verification of an SSN that the Department can verify by computer match with the SSA must be excluded from the assistance unit. The applicant or recipient may, however, be the grantee-relative for those children for whom an SSN has been furnished or an application initiated.

The only exception to this requirement shall be an EAEDC applicant or recipient whose particular PRUCOL status (see 106 CMR 320.620) precludes issuance of an SSN by SSA regulations. Such person shall either provide the verification(s) required by 106 CMR 320.700(B) or otherwise prove to the satisfaction of the Department that he or she is unable to obtain an SSN because of his or her particular PRUCOL status.



**(B) Verification Requirements and Acceptable Verifications****(1) Requirements**

The worker shall refer the applicant or recipient to the nearest SSA office when the applicant or recipient cannot verify the necessary SSN(s) because:

- (a) it has never been assigned;
- (b) the applicant or recipient has no verification of the SSN;
- (c) it is necessary to validate an already-existing number when two or more numbers are verified for a person; or
- (d) the applicant or recipient claims he or she is unable to obtain an SSN because of his or her particular PRUCOL status.

Except as provided in 106 CMR 320.700(A)(4), the applicant or recipient must obtain verification from the SSA, as specified in 106 CMR 320.700(B)(2), stating that:

- (e) he or she has applied for an SSN;
- (f) he or she has applied to have an already-existing number validated; or
- (g) issuance of an SSN to a person in his or her particular PRUCOL status is prohibited by SSA regulations.

Upon delivery of such verification to the worker, the applicant or recipient shall be considered eligible to receive assistance, providing that he or she meets all other eligibility requirements.

The worker shall inform the applicant or recipient that the SSA office may require verification of age, identity, and citizenship or alien status. The worker shall provide the applicant or recipient upon request with any documents existing in the EAEDC case record that provide the verifications necessary to apply for an SSN or to apply to have an already-existing number validated. The worker shall retain a copy of any document(s) given to the applicant or recipient in the case record.

**(2) Verifications**

Verification that the applicant or recipient has applied for an SSN or has applied to have an already-existing number validated



or that he or she cannot obtain an SSN because of his or her particular PRUCOL status based on SSA's regulations for the issuance of an SSN shall be provided at the following times:

- (a) at application, when the applicant or recipient cannot verify the SSN for any of the reasons listed in 106 CMR 320.700(B)(1);
- (b) when there is a match discrepancy, as specified in 106 CMR 320.700(C);
- (c) when there is a question as to the validity of the number and/or the identity of the applicant or recipient; or
- (d) when the status of an alien changes such that SSA regulations would permit the issuance of an SSN to this person.

The signature of an SSA employee on the ENUM-2 form is the preferred verification that an applicant or recipient has applied for an SSN or has applied to have an already-existing number validated. In the absence of the ENUM-2 form, one of the following shall be sufficient:

- (e) form 5028 from SSA;
- (f) form SSA 2853;
- (g) any other written communication from an SSA office verifying that the applicant or recipient has applied for an SSN or has applied to have an already-existing number validated; or
- (h) any written communication from an SSA office verifying that the applicant or recipient cannot be issued an SSN by the SSA because of his or her particular PRUCOL status.

**(C) Match Discrepancies**

When an applicant or recipient verifies a number that cannot also be verified by computer match with the SSA, in accordance with 106 CMR 320.700(A), the worker shall refer the applicant or recipient to the nearest SSA office.

An applicant or recipient whose SSN produces a match discrepancy must obtain verification from the SSA, as specified in 106 CMR 320.700(B)(2), stating that he or she:

- (1) has applied for an SSN;
- (2) has applied to have an already-existing number validated; or
- (3) is unable to be issued an SSN because of his or her particular PRUCOL status.



Upon delivery of such verification to the worker, the applicant or recipient shall be considered eligible to receive assistance, provided that he or she meets all other eligibility requirements.

The worker shall inform the applicant or recipient that the SSA office may require verification of age, identity, and citizenship or alien status. The worker shall provide the applicant or recipient, upon request, with any documents existing in the EAEDC case record that provide the verifications necessary to apply for an SSN or to apply to have an already-existing number validated. The worker shall retain a copy in the case record of any document(s) given to the applicant or recipient.

An applicant or recipient whose SSN produces a match discrepancy shall only be referred to SSA once to obtain verification that he or she has applied for an SSN or has applied to have an already-existing number validated or that he or she is unable to obtain an SSN because of his or her particular PRUCOL status. Should a second match discrepancy occur after the applicant or recipient has provided the SSA verifications necessary to rectify the original match discrepancy, it will be assumed that the SSN furnished is valid and has been verified for purposes of eligibility, unless the identity of the applicant or recipient and/or the validity of the SSN become questionable.

**(D) Right to Know Uses of Social Security Numbers**

The applicant or recipient has the right to know how the Department will use his or her SSN and the numbers of all members of the assistance unit. At the time the applicant is given the application form, he or she will also be given written notice on a form prescribed by the Department explaining the following:

- (1) the purposes for which the numbers are sought;
- (2) that the SSN(s) will be computer cross-checked with SSNs appearing in other personal data files;
- (3) what those files are, whether within the Department, in other governmental agencies or elsewhere; and
- (4) that failure to meet Department requirements for verifying an SSN shall result in denial or termination of benefits.



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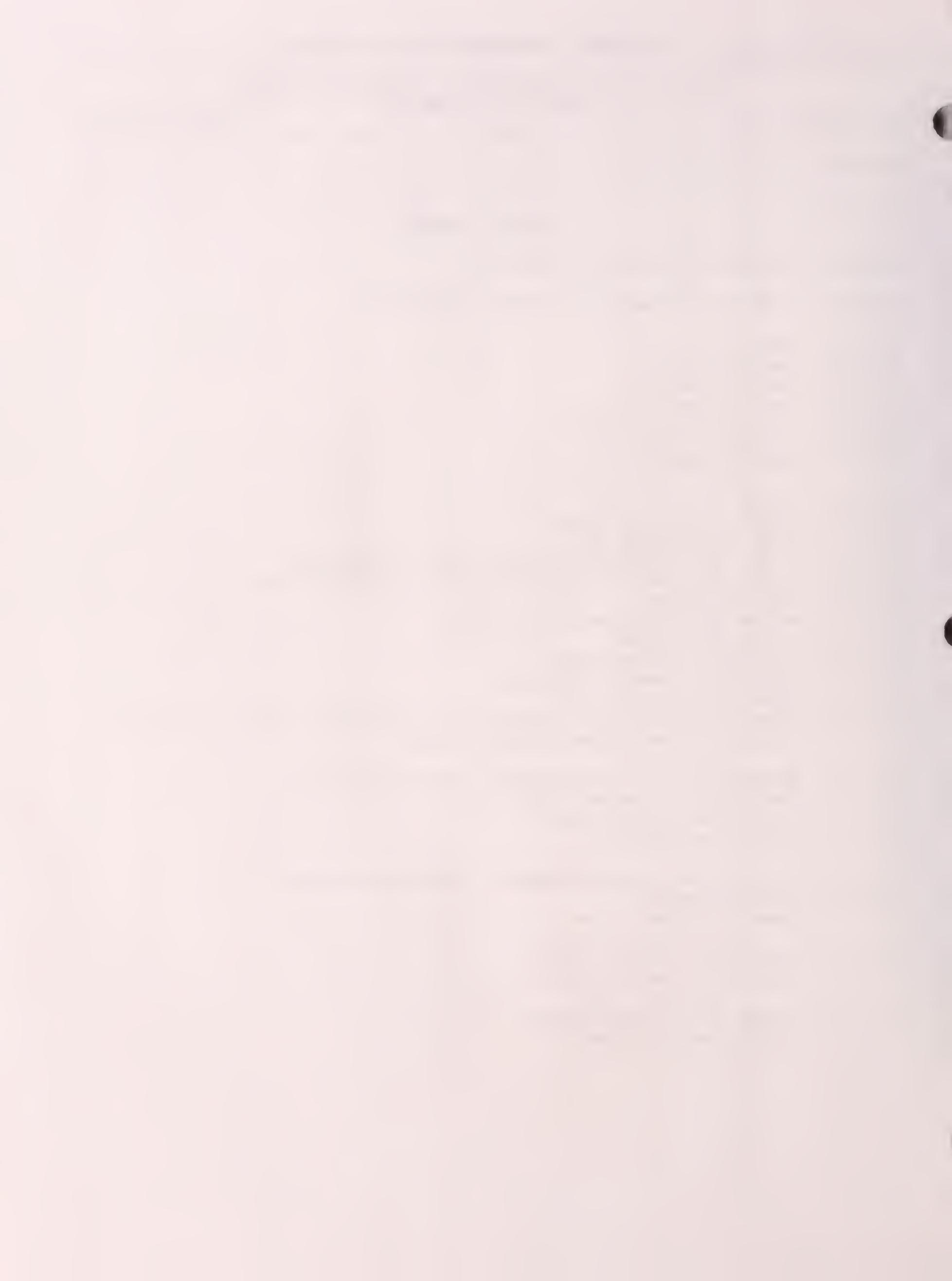
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321.000: Overview of Financial Eligibility

In order to receive EAEDC, an applicant or recipient must meet financial eligibility requirements as well as the requirements specified in Chapter 320: Categorical Requirements.

An applicant or recipient meets the financial eligibility requirements if he or she has assets and income at or below levels specified by the Department. The purpose of this chapter is to show how financial eligibility is established. The topics covered are:

- (A) Assets, 106 CMR 321.100;
- (B) Income, 106 CMR 321.200;
- (C) Membership in the Assistance Unit and Filing Unit, 106 CMR 321.300;
- (D) Standards of Assistance, 106 CMR 321.420;
- (E) Calculation of the Grant Amount, 106 CMR 321.500; and
- (F) Payment of Grants, 106 CMR 321.520.

321.010: General Requirements for Financial Eligibility

There are two major elements in the determination of financial eligibility: an assets test and an income test. In order for the assistance unit to be eligible for EAEDC, the combined assets and the combined income of the filing unit may not be above the limits specified by the Department.

The specific requirements of the test of financial eligibility are discussed in the following sections:

- (A) 106 CMR 321.300, 321.310, and 321.320 provide the requirements for determining who is in the filing unit, who is in the assistance unit, and whose assets, income, and needs are to be considered in determining eligibility.
- (B) 106 CMR 321.100: Assets provides the requirements for determining how assets are to be counted in the eligibility test.
- (C) 106 CMR 321.200: Income provides the requirements for determining how income is to be counted in the eligibility test.



(D) 106 CMR 321.420: Standards of Assistance provides the maximum amounts that may be received as a monthly grant.

The remaining sections provide the requirements for calculating and paying the grant once eligibility has been established.

#### 321.100: Assets

Assets are objects of value, other than income as defined in 106 CMR 321.240, such as personal property, real estate, vehicles, the cash surrender value of life insurance, cash, bank deposits, and negotiable securities. Countable assets are all assets that are considered for eligibility determination. Noncountable assets are all assets that are exempt from consideration. All assets are considered countable unless inaccessible in accordance with 106 CMR 321.125 or noncountable in accordance with 106 CMR 321.140.

#### 321.110: Asset Limitation

In order for the assistance unit to be eligible for assistance, the combined assets of the filing unit may not exceed:

(A) \$250 for an assistance unit of one; or  
(B) \$500 for an assistance unit of two or more.

The dollar value of an asset shall be its equity value. An asset's equity value is its fair market value minus any legal encumbrances or obligations.

#### 321.120: Countable Assets

Assets that shall be considered in determining financial eligibility include but are not limited to:

(A) Cash

(1) Definition

Currency, checks, or bank drafts in the possession of or available to the filing unit.

(2) Verification

The amount of cash shall be counted at application, redetermination, and when a change is reported.

The applicant's or recipient's declaration on the application or redetermination form stating the amount of cash available to the filing unit shall be sufficient evidence.



**(B) Bank Deposits****(1) Requirement**

Bank deposits are deposits in a bank, savings and loan institution, credit union, or other financial institution. Bank deposits may be in the form of savings, checking, trust accounts, term certificates, or other types of accounts.

Funds in a bank account shall be considered to be available only where and to the extent that a member of the filing unit has both ownership of and access to such funds. The determination of ownership of and access to funds in a bank account shall be made in conformity to Massachusetts State law, including common law.

**(2) Joint Accounts**

If a member of the filing unit is a co-holder of a joint bank account, the entire amount on deposit shall be considered available as an asset unless the member of the filing unit demonstrates otherwise.

A member of the filing unit who states that he or she is not the owner, or is only partial owner, of the funds shall be required to demonstrate the ownership of the funds. A member of the filing unit who states that he or she has no access, or only partial access to the funds, shall be required to demonstrate such lack of access.

**(3) Verification of Access to and Ownership of Bank Deposits**

If lack of either access to or ownership of the funds in the account is verified, the funds shall not be considered available as an asset.

Verification that a member of the filing unit lacks access to and ownership of the funds may be demonstrated by the member of the filing unit having his or her name removed from the account. If the member of the filing unit cannot remove or chooses not to remove his or her name from the account, then lack of either access or ownership must be verified.

(a) Prior to determining lack of ownership, there shall be a determination of whether the member of the filing unit has access to the account (See 106 CMR 321.125: Inaccessible Assets). If lack of access is demonstrated, the funds are not available.



If the verification submitted does not demonstrate lack of access, the worker shall proceed to determine ownership.

(b) Verification that the member of the filing unit lacks ownership of, or has only partial ownership of, the funds in the account shall be demonstrated by at least two of the following:

1. Documents showing the origin of the funds, who opened the account, or whose money was used to open the account;
2. Documentation through federal or state tax records as to which of the joint account holders declares the tax on the interest credited to the account as income;
3. Records of who makes deposits and withdrawals and, if appropriate, of how withdrawn funds are spent;
4. Any reasonable evidence of written or oral agreements made between the parties listed on the account or by someone who established or contributed to the account, with respect to the ownership of the funds in the account;
5. When the member of the filing unit states that he or she does not own the account but is listed as a co-holder solely as a convenience to the other co-holder to conduct bank transactions on his or her behalf, evidence of the age, relationship, physical or mental condition, or place of residence of the co-holder shall be provided;
6. Evidence as to why the member of the filing unit is listed on the account;
7. A signed, notarized statement from the member of the filing unit and from at least one of (a) other individuals listed on the joint account, or (b) a person who established or contributed to the account, stating that the member of the filing unit had no knowledge of the existence of the account; or
8. If only one of the above is available and if the other individual(s) listed on the account or who had established or contributed to the account is unavailable or is unable or unwilling to provide a statement, the second proof may be a signed statement from the member of the filing unit attesting under penalties of perjury as to the ownership of funds in the account.



A document or piece of evidence submitted to verify a particular fact shall not count as more than one verification under the above subsections. However, a document, piece of evidence or a statement may address more than one fact needed for verification.

If a member of the filing unit would be required to pay to obtain documents or other verification and no other method of verification is available, the Department, if it determines the document is necessary, shall obtain the documents.

(4) Verification of Account Balances

Verification of the current balance of each account is mandatory at application, at redetermination, and at times of reported change.

The amount on deposit shall be verified by bank books or bank statements that show the bank balance within 45 days of the date of the application or redetermination interview.

If, at redetermination, a member of the filing unit declares a balance of \$25 or less in an account, other than a checking account, verification shall not be required provided a balance of \$25 or less was verified for the same account at the last eligibility determination, and the account balance, in combination with other assets, would not affect continued eligibility of the assistance unit. The member of the filing unit's declaration shall be recorded in the case record.

(C) Individual Retirement Accounts, Keogh Plans and Pensions

(1) Requirement

An Individual Retirement Account (IRA) is a tax-deductible savings program that sets aside money for retirement. Funds in an IRA are counted as an asset in their entirety less the amount of penalty for early withdrawal.

A Keogh plan is a retirement plan established by a self-employed individual. A Keogh plan may be established for the self-employed individual alone or for the self-employed individual and his or her employees. If the Keogh plan was established for the self-employed individual alone, the funds in the Plan are counted as an asset in their entirety less the amount of penalty for early withdrawal. If the Keogh plan was established for employees who are not members of the filing unit as well as for the self-employed individual, the funds are not counted as an asset.



Pensions funds are retirement plans established by employers to provide benefit payments to their employees upon retirement or disability. Pension funds that are being set aside by an individual's current employer shall not be countable as an asset. Pension funds from an individual's former employer shall be countable in their entirety less any penalties for withdrawal, provided that such funds are accessible. (See 106 CMR 321.125: Inaccessible Assets.)

(2) Verification

Verification of the current value of the IRA, Keogh plan or pension is mandatory at application, redetermination, and when a change is reported.

The amount of the funds available to members of the filing unit shall be verified by a written statement from the financial institution or employer, dated within 45 days of the date of the application or redetermination interview.

(D) Securities

(1) Requirement

Stocks, bonds, options, futures contracts, debentures, mutual and money market fund shares, government, bank, corporate or promissory notes, and other financial instruments are countable assets. Tradeable securities are valued at the most recent closing bid price, and non-tradeable securities are valued at current equity value. A security for which there is no market or which is inaccessible in accordance with 106 CMR 321.125 shall be noncountable.

(2) Verification

Verification of the current value of each security is mandatory at application, redetermination, and when a change is reported. The number of securities owned shall be substantiated by the written statement of the applicant or recipient.

Any one of the following shall be sufficient verification of the value of a security:

(a) a statement from the individual, corporation, licensed stockbroker, bank or government agency that issued the security;

(b) a clipping from a current daily newspaper showing the date and closing bid price;



(c) a statement from any bank or other financial services institution able to verify the current value of a particular security; or

(d) documentation from a current financial publication.

A claim that a particular security has no market value shall be verified by one of the above.

A claim that a particular security is inaccessible shall be verified in accordance with 106 CMR 321.125: Inaccessible Assets.

(E) Cash Surrender Value of Life Insurance Policies

(1) Requirement

The total cash surrender value of all life insurance policies is a countable asset. The cash surrender value of a life insurance policy is the amount the issuing company has agreed to pay the owner of the policy upon its cancellation.

(2) Verification

The verification of the cash surrender value (CSV) of all life insurance policies is mandatory at application and at times of reported change. Cash surrender value shall also be reverified at least once a year.

Cash surrender value shall be verified by the table of loan and cash surrender value amounts located on the actual policy, or by a written statement from the issuing company or its representative. If the total cash surrender value of all policies owned by the filing unit, combined with the value of all other countable assets, is within \$150 of the asset limit, or, if the policy is paid up or has been in effect longer than the number of years covered by the table, verification of the CSV must be obtained from the issuing company or agent.

(F) Burial Insurance

(1) Requirement

The cash surrender value of a burial insurance policy is a countable asset.

(2) Verification

The verification of the cash surrender value of burial insurance is mandatory at application and at times of reported change and shall be by the table of cash surrender values in the policy itself, or by a signed statement from the seller.



(G) Vehicles(1) Requirements

The first \$1500 of the equity value of a vehicle is noncountable. Any equity value in excess of \$1500 is a countable asset.

The full equity value of all other vehicles owned by the assistance unit (including vehicles that are used primarily for recreational purposes such as snowmobiles, boats, trailers, jeeps, vans, and motorcycles) shall be countable. When the assistance unit owns more than one vehicle, the \$1500 equity limit shall be applied to the vehicle having the greatest equity value, provided it is used primarily for the transportation of the assistance unit.

(2) Verification

The equity value and fair market value of all countable vehicles shall be verified at application and when another vehicle is acquired. Equity value and fair market value shall also be verified at redetermination if the Department has reason to believe that the value has increased or changed so that, combined with other assets, the value affects or may affect continued eligibility.

(a) Equity Value

Equity value is determined by subtracting the balance of any liens or legal encumbrances from the fair market value of the vehicle.

The balance of an outstanding lien or legal encumbrance shall be verified by the payment book or a statement from the bank, finance company, or lender showing the payment schedule and the outstanding balance.

(b) Fair Market Value

Fair market value is the price for which the vehicle will sell on the open market.

The fair market value shall be verified by one of the following and in the following order of preference:

1. the wholesale value (for cars and trucks) and finance value (for recreational vehicles) tables in the most recent vehicle valuation book used by the Department; or
2. the low value in an older car valuation book (for cars and trucks); if the car or truck is too old to be listed in an older car valuation book, it shall be assigned a value of \$250; or



3. the written appraisal of a licensed automobile dealer who deals with classic, custom-made or antique vehicles if the vehicle is considered a classic, custom-made, or antique; or
4. for recreational vehicles, the projected loan value as quoted by a bank or other lending institution; documents showing the value of the vehicle for insurance purposes; or a written estimate of the cash value of the vehicle from a licensed recreational vehicle dealer.

If a vehicle is specially equipped with apparatus for the handicapped, has low mileage, or has other optional equipment, these factors shall not increase the value of the vehicle.

If the fair market value, as determined in items 1 through 4 above, in combination with other assets, exceeds the EAEDC asset limitation, the Department shall notify the household of the method by which the value was determined and the procedures to rebut the valuation.

The applicant or recipient may rebut the valuation assigned by the Department by submitting evidence such as the written estimate of a licensed automobile dealer; at least two current newspaper advertisements showing the amount for which like vehicles are being sold; or a more recent and/or different vehicle valuation book.

(c) Ownership

When joint ownership by two or more persons is claimed, verification of ownership of the vehicle shall be mandatory at application and when a change regarding joint ownership of vehicles is reported. Ownership and distribution of ownership shall be determined and verified in accordance with 106 CMR 321.130.

(H) Real Estate (Other Than the Home)

(1) Requirement

The equity value of all real property owned by a member(s) of the filing unit other than the principal place of residence and the land on which it rests, shall be a countable asset except as specified in 106 CMR 321.140.



Equity value is the fair market value less any legal encumbrances or obligations.

Fair market value is the price for which the real property will sell on the open market in the geographic area involved, taking into consideration the size, location, condition and other factors affecting the property's value.

(2) Verification

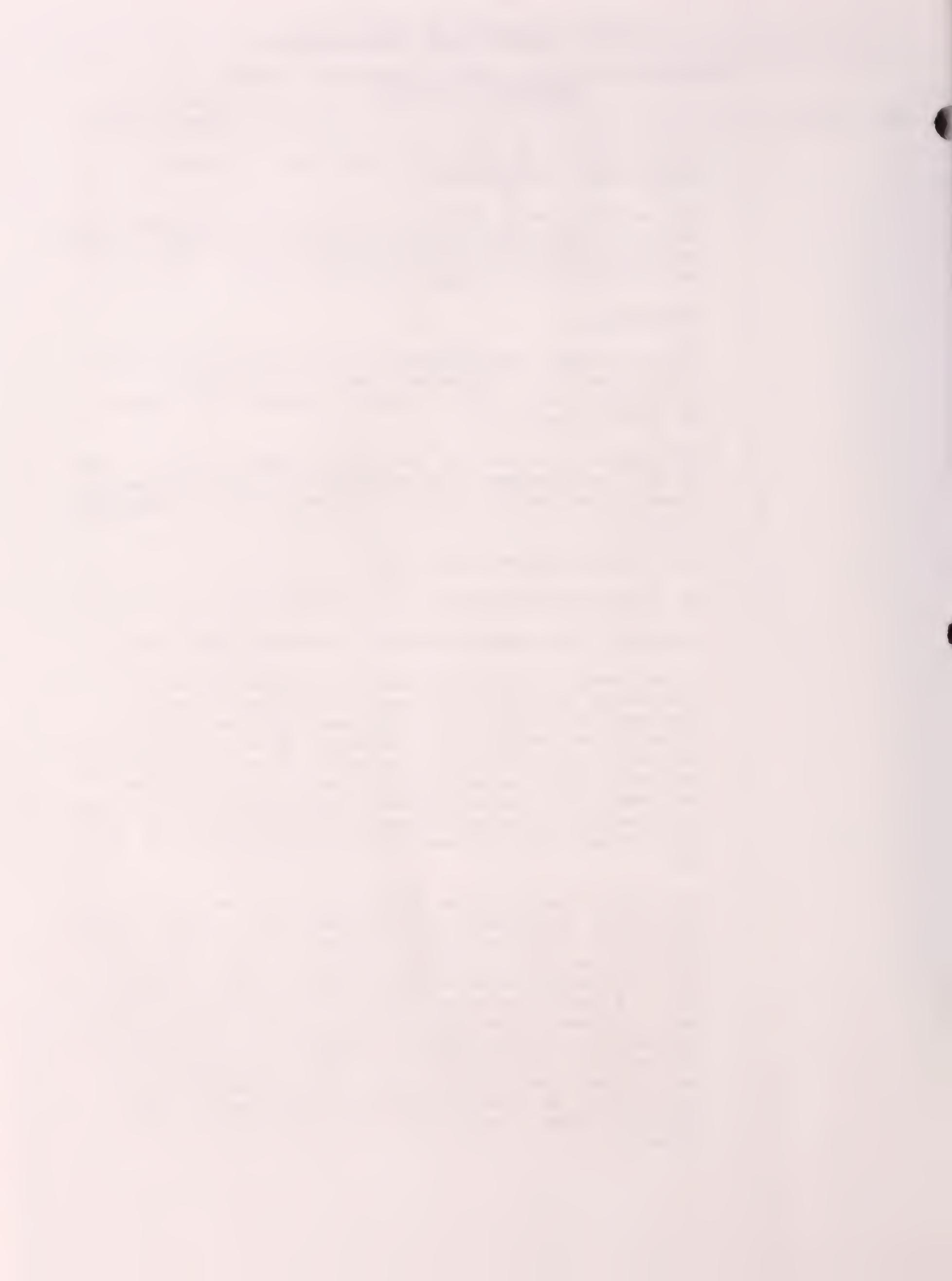
The fair market value and equity value of all countable real estate owned by the filing unit shall be verified at application, and at times of reported change when it affects or may affect eligibility.

Fair market value shall be verified by a copy of the most recent tax bill or the property tax assessment that was most recently issued by the taxing jurisdiction provided that this assessment is not:

- (a) a special purpose assessment;
- (b) based on a fixed rate per acre method; or
- (c) based on an assessment ratio or providing only a range.

If the lender(s) is an organization, the verification of encumbrances or legally enforceable obligations on the property shall be a copy of loan instruments or other binding documents that evidence the outstanding balance of the loan. If the lender is an individual, the amount of the encumbrances or obligations shall be verified by either a copy of the loan instrument and a signed statement from the lender setting forth the payment schedule and outstanding balance of the loan, or other document that evidences the outstanding balance of the loan.

In the event that a current property tax assessment is not available or the applicant or recipient wishes to rebut the fair market value determined by the Department, a comparable market analysis or a written appraisal of the value of the property from a knowledgeable source shall establish the fair market value. A knowledgeable source shall be a licensed real estate agent or broker; a real estate appraiser; bank, savings and loan association or similar lending organization; or an official of the local real property tax jurisdiction. The applicant or recipient may rebut the fair market value determined by the Department at any time by presenting a new appraisal that reflects changes in the property and/or the market for the property.



(I) Income Tax Refunds(1) Requirements

Income tax refunds, except for the portion, if any, that is received as an earned income credit, shall be considered a countable asset and noncountable as income.

(2) Verification

An income tax refund shall be verified at the time of receipt by one of the following:

- (a) a copy of the check or payment document; or
- (b) a written statement from the agency making the payment; or
- (c) a copy of the tax return.



321.125: Inaccessible Assets(A) Requirements

An inaccessible asset is an asset to which the individual has no ready access and is not counted when determining eligibility for EAEDC.

- (1) Inaccessible assets include, but are not limited to, property the ownership of which is the subject of legal proceedings and irrevocable trust funds.
- (2) Any funds in a trust and the income produced by that trust to the extent it is not available to the assistance unit shall be considered inaccessible to the assistance unit if all of the conditions listed below are met by the trust arrangement.
  - (a) No member of the assistance unit has the power to revoke the trust arrangement or change the name of the beneficiary.
  - (b) The trustee administering the trust is either (1) a court or an institution, corporation, or organization that is not under the direction or ownership of any assistance unit member; (2) an individual appointed by the court who has court imposed limitations placed on his or her use of the funds; or (3) an individual whose responsibilities are governed by the terms of the irrevocable trust and who is not under the direction or control of any assistance unit members.
  - (c) Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of a member of the assistance unit.
- (3) All assets to which the applicant or recipient is legally entitled shall be considered accessible to the applicant or recipient
  - (a) from the date of application or acquisition, whichever is later, if the applicant or recipient does not meet the condition specified in 106 CMR 321.125(A)(3)(b); or
  - (b) from the period beginning six months after the date of application or acquisition, whichever is later, if the applicant or recipient is incapable of competently representing his or her own interests, has no guardian or conservator capable of representing the applicant's or recipient's interests, and the representative (who may be a provider) of such applicant or recipient is making a good faith effort to secure the appointment of a competent guardian or conservator.



(B) Verifications

Verification of inaccessibility of an asset is mandatory at application or whenever a change in circumstances regarding the accessibility of the asset has changed. The following documents may be used, as appropriate, to verify inaccessibility:

- (1) A copy of the original legal instrument that established the inaccessibility of the asset;
- (2) Relevant legal or financial statements that document the inaccessibility of the asset, if the original legal instrument is not available.
- (3) Documents showing how the holder's name(s) appears on the bank account or security.
  - (a) If the account is titled A or B, both individuals have full access to the account;
  - (b) If the account is titled A and B, neither individual has access to the account without the consent of the coholder. The applicant or recipient must submit a written statement from the coholder denying such consent. If the applicant or recipient is unable to obtain such a statement, he may submit an affidavit stating that he does not have the coholders consent;
  - (c) If the account is titled A in trust for B, or A for B, A has full access to the account and B has no access to the account;
  - (d) If the account title contains only one name, that individual has full access to the account.
- (4) A copy of the trust or other legal document that verifies that it is an irrevocable trust and it meets all of the conditions specified in 106 CMR 321.125(A)(2);
- (5) A written statement from a competent medical authority verifying that, and describing the medical reason(s) why,
  - (a) the applicant or recipient is incapable of competently representing his or her own interests; or
  - (b) the guardian or conservator, if any, is incapable of competently representing the applicant's or recipient's interests.

If an applicant or recipient demonstrates lack of ownership, inaccessibility to the asset, or both, the asset is not considered in the determination of eligibility.



321.130: Joint Ownership of Assets(A) Definition

Any asset, other than a bank account, jointly owned by two or more persons is considered to be owned in equal shares unless a different distribution of ownership is verified. If joint ownership exists, only that portion of the asset owned by persons included in the filing unit is countable. Refer to 106 CMR 321.120(B) for treatment of joint bank accounts.

(B) Verification

Documents that verify other than equal ownership include, but are not limited to, titles, contracts, or other certificates of ownership.

321.135: Transfer of Assets(A) Transfer of Assets Other Than Real Property

Assistance shall not be granted to an individual or family who at any time within one year immediately prior to application for EAEDC has made an assignment or transfer of assets so as to render the individual or family eligible for assistance.

The Department must demonstrate that the applicant transferred the asset(s) for the purpose of obtaining eligibility for by consideration of such factors as the following:

- (1) whether the individual would have been eligible for EAEDC if the asset had not been transferred;
- (2) whether the individual retained sufficient assets after the transfer to provide for his/her maintenance based on his/her age and physical condition at the time of the transfer;
- (3) whether the transfer was made to satisfy a legally enforceable debt or to reimburse someone other than a legally responsible person for care or services provided with the understanding that reimbursement would be made; and/or
- (4) whether the individual had knowledge of the EAEDC program at the time of the transfer.

(B) Transfer of Real Property

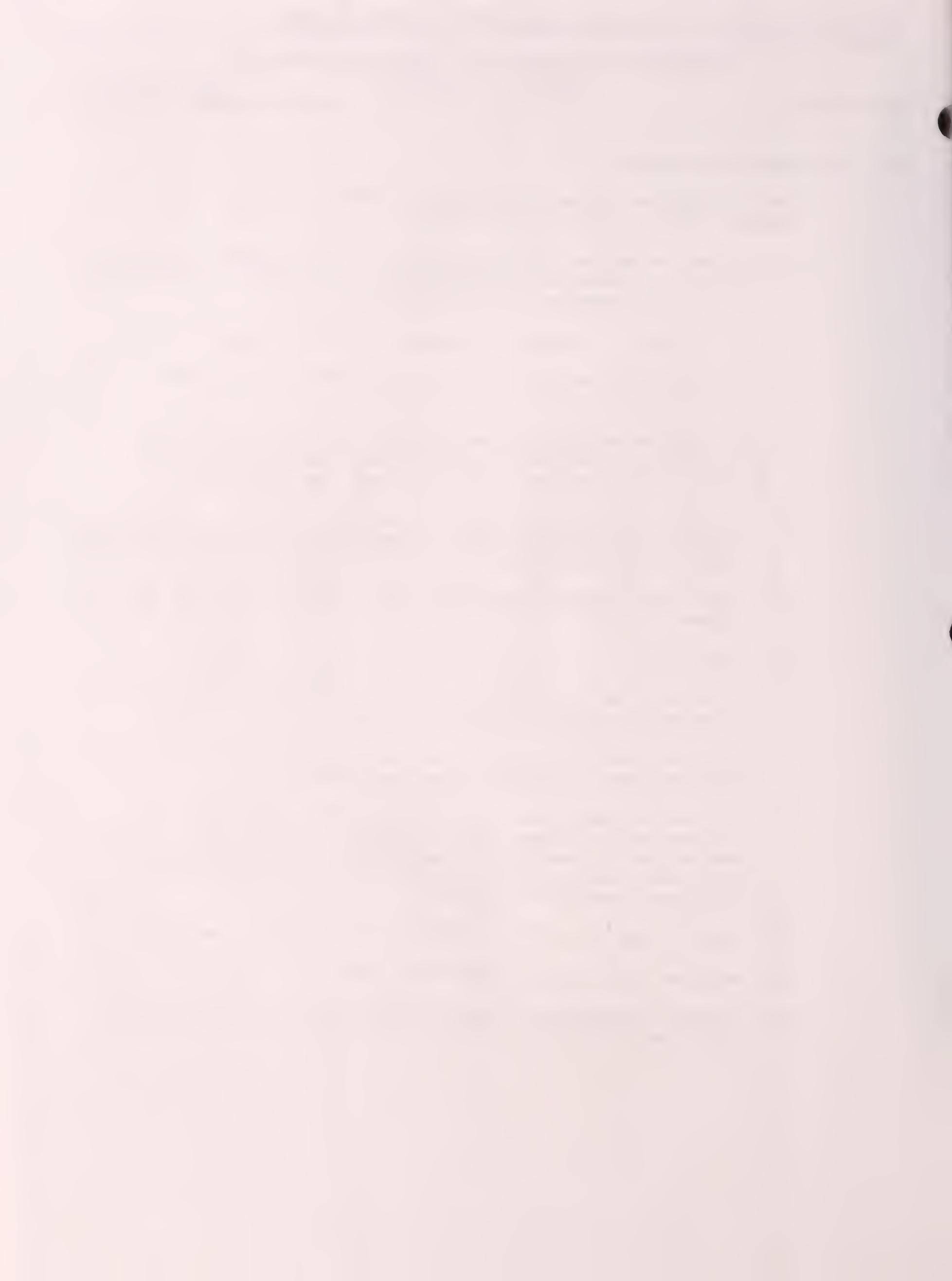
- (1) Any sale or transfer of real property by an applicant or recipient for which fair market value was not received shall make the individual or family ineligible for one year after the transfer.
- (2) The verification of fair market value shall be in accordance with 106 CMR 321.120(H).
- (3) The verification of the value received for the property shall be a notarized copy of the bill of sale or deed.



321.140: Noncountable Assets

The following are not countable assets for EAEDC purposes. Their possession has no effect on eligibility:

- (A) Highway relocation assistance payments, urban renewal assistance payments, disaster relief payments used for relocation, and payments from private agencies used for relocation;
- (B) The filing unit's home and the undivided land on which it rests;
- (C) First \$1,500 of equity value of one automobile in accordance with 106 CMR 321.120(G);
- (D) Household belongings such as furniture, appliances, household decorations, linens and cookware; personal belongings such as jewelry, books and toys, even if of more than usual value;
- (E) Property to which the filing unit has no ready access, such as property the ownership of which is the subject of legal proceedings (probate, divorce suits, etc.), and irrevocable trust funds;
- (F) Home produce grown or preserved by the filing unit for its own consumption;
- (G) Food stamps;
- (H) A loan verified by a written document, signed by the borrower, that expresses the borrower's intent to repay;
- (I) Any grant, including, but not limited to, scholarships the terms of which preclude its use for current maintenance;
- (J) Any grant or loan to an undergraduate student for educational purposes made or insured under any program administered by the U.S. Commissioner of Education (these include the Basic Educational Opportunity Grants, National Student Loans, and Supplemental Educational Opportunity Grants);
- (K) Assets of any member of the household who is an SSI recipient;
- (L) Lands held in trust for Native Americans;
- (M) Property purchased with payments made to Native Americans under Public Laws 92-254, 93-134, 94-540 and 94-114;



(N) For each member of the assistance unit:

- (1) one burial plot, and
- (2) the value of a prepaid funeral arrangement, not to exceed \$1,500;

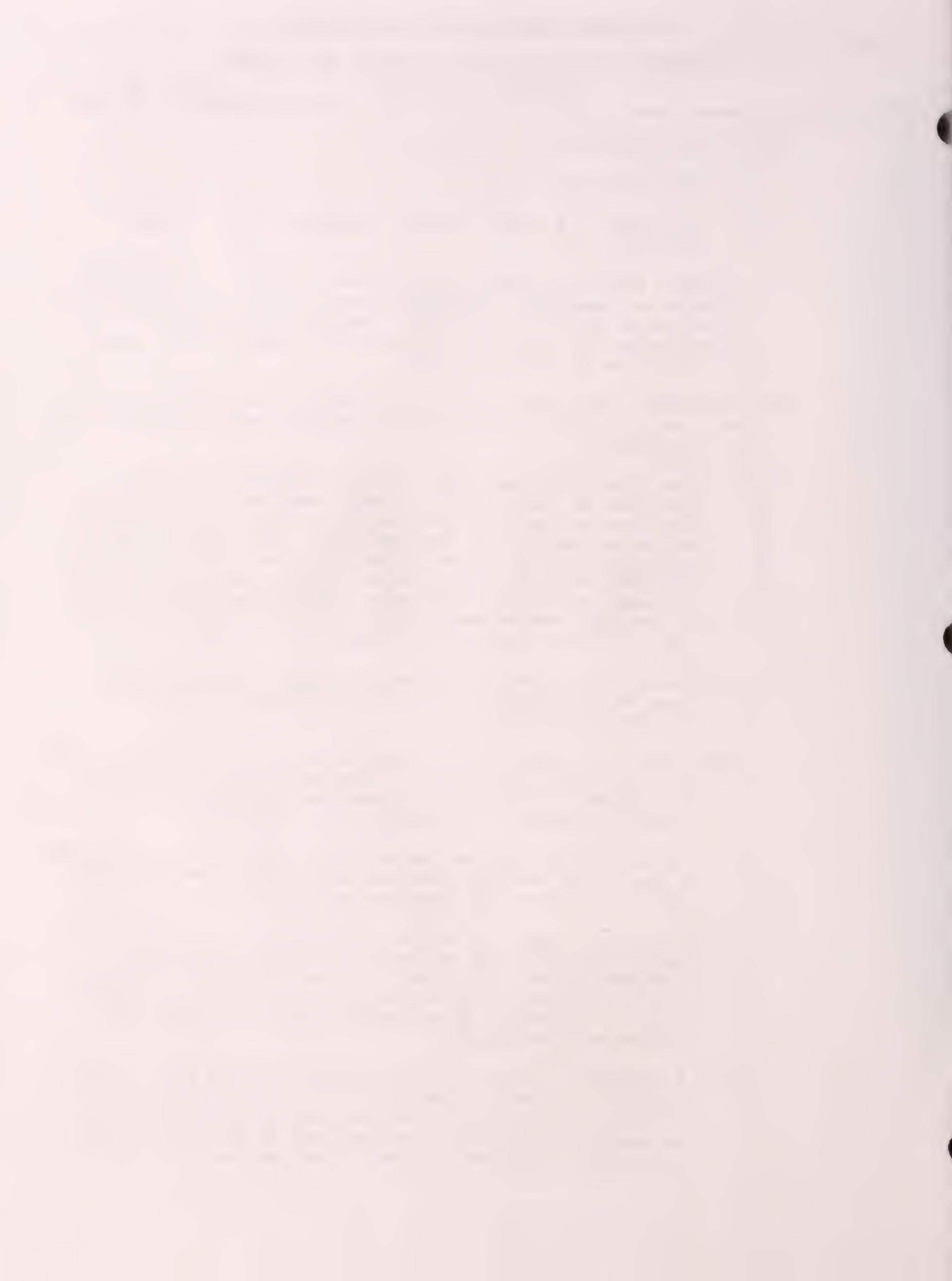
A prepaid funeral arrangement may include a contract with a funeral director or a separately identifiable trust fund. Use of any portion of this asset for any purpose other than funeral or burial arrangements shall render the balance of the asset countable under the provisions of 106 CMR 321.120.

(O) Real estate that is not the principal residence of the assistance unit, but which the assistance unit is making a good faith effort to sell, provided:

- (1) The owner of the real estate signs an agreement on a form specified by the Department to repay from the net proceeds of the sale the amount of EAEDC benefits received while the real estate was owned by the assistance unit. The amount of the repayment shall be the net proceeds from the sale or the amount of EAEDC benefits paid, whichever is less. The net proceeds of the sale, when added to all other countable assets at the time of the sale, must exceed the EAEDC asset limit specified in 106 CMR 321.110 for repayment to occur.
- (2) The real estate may be excluded for no more than nine months from the date of the signing of the agreement specified in 106 CMR 321.140(0)(1).
- (3) A good faith effort to sell shall be defined as an offer to sell at or about fair market value by methods, including, but not limited to, listing with a licensed real estate salesperson or through a newspaper or other type of advertisement.

The good faith offer must be verified. Verification shall be by a copy of the newspaper advertisement, letter from a licensed real estate person, or other appropriate document(s).

- (4) If the assistance unit becomes ineligible during the nine-month period for categorical or financial reason(s) other than ownership of real estate, or if the assistance unit fails to sell the real estate at the end of the nine months, assistance shall be terminated, and all EAEDC benefits paid shall be treated as an overpayment.
- (5) A recipient who fails to report acquisition of a piece of real estate, other than that used as the principal residence, within 10 days of taking title to the real estate, has been overpaid between the date title was acquired and the date the ownership of the real estate was reported to the Department, provided that



the equity value of the real estate when added to the total of all other countable assets exceeds the applicable EAEDC asset limit as specified in 106 CMR 321.110. The Department must pursue recovery in accordance with 106 CMR 323.200 et seq.

- (P) Any portion of a Workers' Compensation, property damage, personal injury, Compensation to Victims of Violent Crimes Act, death settlement or award, except for compensation for lost wages, that is received as a reimbursement for specified item(s) and used to pay for such item(s). See 106 CMR 321.240 for verification.
- (Q) Property that is essential to employment or self-employment shall include, but is not limited to, work-related equipment such as tools of a tradesperson, machinery of a farmer, and property such as farm land. Income derived from such property shall be countable.
- (R) Earned income tax credits whether received as advance payments of earned income tax credits or as part or all of an income tax refund.
- (S) Payments to eligible individuals of Japanese ancestry or their survivors under the Civil Liberties Act of 1988 and payments to eligible Aleuts (who were former residents of the Aleutian and Pribilof Islands) or their survivors under the Aleutian and Pribilof Islands Restitution Act in accordance with Public Law 100-383.
- (T) Agent Orange Settlement Fund payments made to Vietnam veterans or their survivors, in accordance with Public Law 101-201, effective January 1, 1989.
- (U) The value of public-assistance check(s) for the remainder of the cyclical month of issuance. If any or all of the money from such check(s) is retained beyond the cyclical month of issuance, the amount of money retained becomes a countable asset, except as specified in 106 CMR 323.210 for the correction of an underpayment.



321.200: Income

Income may be countable or noncountable for determination of financial eligibility or calculation of the grant amount.

All countable income is considered on a monthly basis and is applied to the determination or redetermination of eligibility and calculation of the grant amount in the cyclical month. Amounts of income paid in other than monthly amounts must be converted to monthly amounts.

The most current monthly income information provided to the Department is used as the basis for the grant calculation until information is received indicating a change in income or eligibility, or until a redetermination is due. If verified income information indicates an underpayment, an adjustment shall be made.

321.210: Types of Countable Income

The types of countable income generally are as follows:

(A) Earned Income

Earned income is income, in cash or in kind, earned through employment or self-employment. Earned income may be received as wages, salary, tips, commissions, or in kind. For employees, earned income is the total gross amount received.

With respect to self-employment, earned income is the total gross income less total business expenses. Business expenses do not include personal expenses, such as lunches and transportation to and from work. See 106 CMR 321.210(E) and (F) below for an explanation of income from real estate, roomers and boarders, and business expenses.

(B) Unearned Income

Unearned income is all income that a person does not earn by the application of his own efforts, or by the application of his own managerial skills. Unearned income includes, but is not limited to:

- (1) Dividends;
- (2) Interest;
- (3) Unemployment Compensation payments;
- (4) Pensions;
- (5) Social Security (RSDI) benefits;



- (6) Veterans' benefits, except as specified in 106 CMR 319.720;
- (7) Contributions, except as provided in 106 CMR 321.120 and 321.250;
- (8) Certain income from real estate. See 106 CMR 321.210(E) below.

(C) In-Kind Income

In-kind income is income in any form other than money. It may consist of a share of crops, free services, free rent, free utilities, clothing, or food, but it is not necessarily limited to these. It may be earned or unearned.

For purposes of financial eligibility and calculation of the grant amount, shelter (including rent, mortgage, fuel, or utilities) and food provided at no cost to the applicant or recipient shall be valued at the Department's standard value. See 106 CMR 321.510.

(D) Deemed Income

- (1) The income, excluding the types of noncountable income listed in 106 CMR 321.250, of the spouse of the EAEDC applicant or recipient, who lives in the same household with the EAEDC applicant or recipient, is deemed to the filing unit in determining eligibility and the amount of the grant in accordance with 106 CMR 321.230.
- (2) The income and assets, excluding the types of noncountable income listed in 106 CMR 321.250 and the noncountable assets listed in 106 CMR 321.140, of the spouse who lives in the same household, are deemed to the filing unit in determining eligibility in accordance with 106 CMR 321.230 for income and in accordance with 106 CMR 321.110 for assets.



(E) Real Estate Income

(1) When an applicant or recipient receives income from rented apartments or a house, he or she shall be considered to be self-employed. This income can be earned or unearned.

The income is unearned if the property is managed by a rental agency that forwards a check to the applicant or recipient who has no specific responsibility for the income-producing property. This unearned income, less business expenses only, shall be considered in determining eligibility and the amount of assistance.

The income is earned if the applicant or recipient manages the property by collecting rents and providing services to maintain the income-producing property.

Deductions from unearned and earned income shall be allowed for all or part of certain business expenses as defined and explained below.

(2) Business expenses include carrying charges, the cost of fuel and utilities provided to tenants, maintenance and repair costs. These expenses are explained as follows:

(a) Carrying Charges

Carrying charges include current taxes less any abatements, betterment taxes, interest and principal payments on the mortgage, water bills, and fire insurance premiums.

Carrying charges must be expressed as monthly amounts and must be verified.

(b) Fuel and Utilities

The cost of fuel and utilities provided to tenants may be based on actual costs averaged on a yearly basis and expressed as a monthly amount or on projected monthly costs. If actual costs are used, they must be verified. If projected amounts are used, verification shall be by a written statement of the projected costs from the applicant or recipient.

(c) Maintenance and Repair Costs

Maintenance and repair costs of \$20 per month per rented unit may be routinely allowed. If the applicant or recipient shows documentation that the maintenance or repair costs exceed an average of \$20 per month, the excess amount shall be allowed in determining the amount of available income.



(3) If the applicant or recipient occupies an apartment in the same house from which he or she receives rental income, the business expenses shall be partially deducted in determining income in the following ways:

(a) If a two-family house, one-half the carrying charges will be allowed as a business expense; if a three-family house, two-thirds will be allowed, and so forth.

(b) When the applicant or recipient provides his or her own heat and that of the tenants from a single heating unit, the fuel expense will be prorated as in item (a) above.

(c) When an applicant or recipient provides his or her own utilities and that of the tenants from the same meter(s) the utility expenses shall be prorated as in item (a) above.

(4) If the applicant or recipient occupies an apartment in the same house from which he or she receives rental income and he or she provides heat to the tenants from separate heating units or utilities from separate meters, these expenses shall be totally deducted in determining income.

If the applicant or recipient receives rental income from property in which he or she does not reside, the business expenses shall be totally deducted from the total rental income.

(5) Work-related expenses are allowable as deductions from income that is earned by the rental of income property. The deductions for work-related expenses must be in accordance with 106 CMR 321.270, and the deductions for the \$30 and one-third disregard, if applicable, in accordance with 106 CMR 321.280.

(F) Roomer and Boarder Income

When an applicant or recipient provides a room or room and board in his or her home or rented dwelling to a person not included in the assistance plan, he or she shall be considered to be self-employed. The amount received from the roomer or boarder, less the applicable business expenses specified in (1), (2), or (3) below, shall be available gross earned income. The applicant or recipient shall be informed that he or she may choose whether the standard or nonstandard business expenses are to be considered. However, if the applicant or recipient chooses the nonstandard business expenses, he or she must show documentation that the business expenses exceed the standard business expenses.



(1) The standard business expenses that shall be allowed are:

- (a) 25 percent of the income from roomers;
- (b) 75 percent of the income from boarders.

(2) The nonstandard business expenses (explained below) shall be allowed for an applicant or recipient who owns his or her own home and who can show documentation that these business expenses exceed the standard business expenses.

- (a) The business expenses include carrying charges, the cost of fuel and utilities, maintenance and repair costs, the cost of laundry or cleaning or both, and the cost of meals for boarders as explained below:
  1. Carrying charges include current taxes less any abatements, betterment taxes, interest and principal payments on the mortgage, water bills, and fire insurance premiums. Carrying charges must be verified and expressed in monthly amounts.
  2. The cost of fuel and utilities provided to the tenants may be based on actual costs averaged on a yearly basis and expressed in monthly amounts or on projected monthly costs. If actual costs are used, they must be verified. If projected costs are used, verification shall be by a written statement from the applicant or recipient.
  3. Maintenance and repair costs of \$20 per month per roomer or boarder may be routinely allowed. If the applicant or recipient can show documentation that the maintenance or repair costs exceed an average of \$20 per month, the excess amount shall be allowed.
  4. The monthly cost of laundry or cleaning or both provided to the roomer or boarder as part of the room or board arrangement shall be verified by a written statement from the applicant or recipient.
  5. The monthly cost of meals provided to a boarder shall be verified by a written statement from the applicant or recipient.



(b) The business expenses in 1., 2., and 3. under paragraph (a) above, shall be prorated in the following manner and deducted to determine the income from a roomer or a boarder.

1. If there is one roomer or boarder, one-half the carrying charges shall be allowed as a business expense; if there are two roomers or boarders, two-thirds shall be allowed, and so forth.
2. The heat and utility expenses shall be prorated as in 1. above.
3. The maintenance and repair costs shall only be prorated as in 1. above if the applicant or recipient documents that the average exceeds the \$20-per-month allowance.

(3) The nonstandard business expenses (explained below) shall be allowed for an applicant or recipient who resides in a rented dwelling and who can show documentation that these business expenses exceed the standard business expenses.

(a) The business expenses include the rental charge, the cost of fuel or utilities or both, if paid separately from the rental charge, the cost of laundry or cleaning or both, and the cost of meals for boarders as explained below:

1. The rental charge for the rented dwelling. The rental charge must be verified and expressed in monthly amounts.
2. The costs for fuel or utilities or both must be verified if either or both these costs are the responsibility of the applicant or recipient as a separate charge in addition to the rental charge. The costs may be based on actual costs averaged on a yearly basis and expressed in monthly amounts or on projected costs. If actual costs are used, they must be verified. If projected amounts are used, verification shall be by a written statement of the projected costs from the applicant or recipient.
3. The monthly cost of laundry or cleaning or both provided to the roomer or boarder as part of the room or board arrangement shall be verified by a written statement from the applicant or recipient.
4. The monthly cost of providing meals to a boarder shall be verified by a written statement from the applicant or recipient.



(b) The business expenses in 1. and 2. under paragraph (a) above shall be prorated in the following manner and deducted to determine the income from a roomer or a boarder.

1. If there is one roomer or boarder, one-half the rental charge shall be allowed as a business expense; if there are two roomers or boarders, two-thirds shall be allowed, and so forth.
2. The heat or utility expenses or both if the applicant or recipient is responsible for either or both these costs, shall be prorated as in 1. above.

(4) The applicant or recipient who receives income from a roomer or boarder shall be allowed the work-related expense deduction in accordance with 106 CMR 321.270 and the \$30 and one-third disregard or the \$30 disregard, if applicable, in accordance with 106 CMR 321.280.

#### 321.220: Rules for Counting Income

In general, income that is countable in determining whether an assistance unit is eligible for EAEDC is also countable in determining the amount of its grant.

There are, however, several exceptions to the usual method of counting income. These exceptions are explained in the sections that follow. In summary, they are the following:

- (A) Income from a person who has a legal obligation to support an EAEDC applicant or recipient is counted in accordance with 106 CMR 321.230.
- (B) A payment that represents accumulated recurring or nonrecurring income, such as a retroactive Social Security check, is countable as monthly income according to special rules (see 106 CMR 321.240: Lump-Sum Income and 106 CMR 321.245: Retroactive Social Security Benefits). As described in 106 CMR 321.120(I), other kinds of one-time lump-sum payments are counted as assets rather than as income.
- (C) 106 CMR 321.280 describes circumstances under which certain portions of earned income are not countable either in determining or redetermining eligibility or in calculating the grant.



321.230: Circumstances Governed by Legal Support Obligations

(A) Circumstances in which legal obligations or rights to support exist include the following:

(1) Natural or Adoptive Parents

Natural or adoptive parents have a legal obligation to support their children. If a natural or adoptive parent(s) of the child is living in the same household as the dependent child, his or her income and assets must be considered in determining eligibility for EAEDC.

(2) Spouses

Husbands and wives have a legal obligation to support their spouses and at the same time have a right to receive support from them. If the spouse of an applicant or recipient is living in the same household, his or her income and assets must be considered in determining the eligibility of the applicant or recipient.

(B) Income, excluding the types of noncountable income listed in 106 CMR 321.250, of the spouse or the natural or adoptive parent who lives in the same household as the EAEDC applicant or recipient but who is not himself or herself an applicant or recipient of EAEDC, shall be deemed to the assistance unit according to the following:

(1) If there is earned income, the work-related expense deduction specified in 106 CMR 321.270 shall be deducted from the monthly gross earned income and an amount equal to the sharing standard for one specified in 106 CMR 321.420.

(2) If there is unearned income, an amount equal to the sharing standard for one specified in 106 CMR 321.420 shall be deducted.

(3) If there is both earned and unearned income, the amount to be deemed to the assistance unit shall be the gross monthly earned income minus the work-related expense deduction plus the gross monthly unearned income minus the sharing standard for one specified in 106 CMR 321.420.

321.235: Eligibility Test for Person Caring for a Disabled Person

The income and assets of a disabled person being cared for by an EAEDC applicant or recipient pursuant to 106 CMR 320.300 must not exceed the following limits:

(A) the disabled person's countable income cannot exceed \$1000 monthly; and

(B) the disabled person's countable assets cannot exceed \$2000.

The rules for counting this income and assets are the same rules as for an EAEDC applicant or recipient.



321.240: Lump-Sum Income(A) Definition

- (1) Income is considered to be lump sum when it is otherwise countable according to the provisions of this chapter and when it is received as a one-time, nonrecurring payment. Exclusions from the lump-sum income provisions are specified in 106 CMR 321.240(B).
- (2) Lump-sum income includes, but is not limited to, the following types of income:
  - (a) Accumulation of retroactive income such as Railroad Retirement, Federal Veterans' Benefits, Workers' Compensation that represents loss of income, Unemployment Compensation, retroactive wages, and/or compensation for lost wages received under the Compensation to Victims of Violent Crimes Act.
  - (b) Other payments in the nature of a windfall, such as lottery winnings, inheritances, settlements and awards, that are not totally or partially received as a reimbursement for specified item(s) and used to pay for such item(s). Whatever portion of the lump-sum income that is received as a reimbursement for a specified item(s) and used to pay for such item(s) shall be considered a noncountable asset.  
(See 106 CMR 321.140.)

(B) Exclusions From Lump-Sum Income

The following types of lump-sum income are excluded from the provisions of this section:

- (1) Lump-sum income received by a spouse who is not a member of the assistance unit is noncountable as lump sum income to the assistance unit. It is available income that is applied to the EAEDC eligibility and grant determination in accordance with 106 CMR 321.230: Circumstances Governed by Legal Support Obligations;
- (2) Lump-sum income that is noncountable in accordance with 106 CMR 321.250;



- (3) Any portion of a Workers' Compensation, property damage, personal injury, Compensation to Victims of Violent Crimes Act, or death settlement or award, except for compensation for lost wages, that is received as a reimbursement for specified item(s) and used to pay for such item(s) is excluded as an asset, in accordance with 106 CMR 321.140, or as income, in accordance with 106 CMR 321.250. See 106 CMR 321.240(G) for acceptable verifications;
- (4) The proceeds from the sale of an asset, such as the sale of the home in which the assistance unit lives, shall not be considered lump-sum income. The proceeds shall be considered the conversion of an asset to a cash asset and shall be counted as an asset;
- (5) Any portion of the lump-sum income that can be verified as having been used to pay for back bills resulting from the costs of day-to-day living expenses incurred while awaiting the receipt of the lump-sum income. For purposes of this subsection, day-to-day living expenses of the assistance unit shall include such costs as shelter, fuel, utilities, food, clothing, essential furniture and appliances, transportation, and health, education and employment-related expenses. See 106 CMR 321.240(G) for acceptable verifications;
- (6) Any portion of the lump-sum income that is placed directly in an irrevocable trust before a member of the assistance unit has access to it and which otherwise meets the requirements of 106 CMR 321.125: Inaccessible Assets; or
- (7) Retroactive Social Security payments shall not be considered lump-sum income but shall be treated as countable unearned income. See 106 CMR 321.245: Retroactive Social Security Benefits.

(C) Availability for Needs

Lump-sum income, as specified in 106 CMR 321.240(A) and not excluded in 106 CMR 321.240(B), shall be considered available income to meet the needs of all members of the assistance unit at the time of the receipt of the lump-sum income for a specified period of ineligibility in accordance with 106 CMR 321.240(D).

(D) Calculation of Period of Ineligibility

- (1) The following calculation is used to determine eligibility or ineligibility due to lump-sum income:
  - (a) Add the assistance unit's earned lump-sum income to any other earned income received by the unit and deduct applicable disregards in accordance with 106 CMR 321.270, 321.275, and 321.280. Add the result of this calculation to the unearned lump-sum income and any other countable unearned income received by the assistance unit.



(b) If the total of 106 CMR 321.240(D)(1)(a) is less than or equal to the appropriate standard of assistance, the assistance unit remains eligible and the income is deducted from the standard of assistance for its family size.

(c) If the total of 106 CMR 321.240(D)(1)(a) is greater than the appropriate standard of assistance, the assistance unit is ineligible.

(2) The period of ineligibility is determined as follows:

(a) Divide the total income in 106 CMR 321.240(D)(1)(a) by the appropriate standard of assistance. The result will be the number of months in the period of ineligibility that will be imposed.

(b) Any remainder in 106 CMR 321.240(D)(2)(a) shall be considered unearned income in the first month following the period of ineligibility and is deducted from the appropriate standard of assistance provided there is a reapplication for assistance during that month.

(c) The period of ineligibility begins with the first day of the cyclical month of receipt of the lump-sum income. Any assistance received during the ineligibility period shall be considered an overpayment in accordance with 106 CMR 323.200, et. seq.

(E) Change in Circumstances

Once a determination of the period of ineligibility is made in accordance with 106 CMR 321.240(D), the period of ineligibility remains in effect for all members of the assistance unit except in situations resulting in recalculation in accordance with 106 CMR 321.240(F). Changes in income for members of the assistance unit shall not alter the period of ineligibility for any of the members of the ineligible assistance unit.

During the period of ineligibility, a new member(s) to the assistance unit, if otherwise eligible, shall receive a grant amount equal to the Standard of Assistance incremental less any countable deductible income during the remainder of the period of ineligibility.

(F) Situations Resulting in Recalculation

The period of ineligibility cannot be altered or recalculated for any member(s) of the ineligible assistance unit, except in the situations described below. Recalculation can only be done retroactive to the month in which the event that caused the recalculation occurred. The ineligibility period may only be eliminated or shortened for the remaining months when:

(1) The standard of assistance is increased or changed for the ineligible assistance unit;



(2) The lump-sum income was used to pay for medical expenses including health insurance premiums and medical treatment or services for members of the ineligible assistance unit to the extent that such payments were not covered by any health insurance or Medicaid; or

(3) All or a portion of the lump-sum income is unavailable to the ineligible assistance unit for reasons beyond the control of the ineligible assistance unit including, but not limited to, the following:

(a) the income was lost or stolen or made unavailable to the assistance unit, without its permission, including income taken by a member(s) of the assistance unit who leaves the home; or

(b) the ineligible assistance unit is faced with a life-threatening circumstance, such as an inability to pay for day-to-day living expenses as specified in 106 CMR 321.240(B)(5) due to dire financial need. The assistance unit must establish that the lump-sum income was or will be spent on day-to-day living expenses for the assistance unit.

The local welfare office director or designee must approve the recalculation or the denial of a recalculation.

**(G) Verifications**

(1) Verification of lump-sum income shall be by a document appropriate to the circumstances, such as:

(a) a copy of the benefit or award letter;

(b) a copy of the check or payment document;

(c) a written statement from the agency or person making the payment;

(d) a written statement from the agency, person making the payment, or attorney representing the client, that states what specific item(s) are being reimbursed as part of the lump-sum payment if the lump-sum payment includes reimbursement for specific item(s); and receipts from the assistance unit that verify the payment for the specific item(s); or

(e) if all or a portion of the lump-sum income is to be excluded because it has been used to pay back bills for day-to-day living expenses as specified in 106 CMR 321.240(B)(5), verification shall include:

1. receipt for payment of the day-to-day living expenses;



2. written statements from the person or entity to whom the payment was made for such day-to-day living expenses;
3. if receipts or the statements are unavailable for some of the day-to-day living expenses, a combination of 1., 2., and a written statement from a member of the assistance unit specifying the type(s) of day-to-day living expenses, the amount paid, the person or entity to whom paid, and the approximate date of such payment(s).

(2) Verification of situations resulting in recalculations shall be by one or more of the following:

- (a) copies of paid medical bills, health insurance premium payments, or both;
- (b) copy of the police report that the lump-sum income was lost or stolen;
- (c) any documentation that verifies that the lump-sum income was made unavailable to the assistance unit without its permission, other than being lost or stolen;
- (d) copies of the paid bills or receipts for the day-to-day living expenses when the ineligible assistance unit was faced with a life-threatening circumstance or when paid bills or receipts are not available for some of the day-to-day living expenses, a combination of paid bills and receipts and a written statement from a member of the assistance unit specifying the type of expense, the amount, the person or entity to whom paid and the approximate date of such payment(s);
- (e) documentation of insurance payments or denial of insurance payments by the insurance company for items destroyed or damaged in a disaster, if appropriate.



321.245: Retroactive Social Security Benefits

The retroactive Social Security payment shall be considered available unearned income in determining the needs of all members of the assistance unit until such time as the funds are no longer available to the assistance unit.

Retroactive Social Security income shall be considered as unavailable to the assistance unit when the income has been used as an expenditure for the assistance unit in accordance with 106 CMR 321.240(B)(5) and (6) or 321.240(F)(2) and (3). Verification of such expenditures shall be in accordance with 106 CMR 321.240(G)(2).

Verification of the retroactive Social Security benefit shall be by:

- (A) a copy of the benefit or award letter;
- (B) a copy of the check or payment document; or
- (C) a written statement from the agency or person making the payment.



321.250: Noncountable Income

This section lists income that shall not be counted in either the test of financial eligibility or the calculation of the grant amount. 106 CMR 321.280 lists additional income that is not countable under certain circumstances but is countable under others. The following types of income are never countable:

- (A) All income of persons receiving Supplemental Security Income (SSI);
- (B) An SSI emergency advance payment or one-time payment made pending an SSI eligibility determination;
- (C) The cash value (face amount) of food stamps;
- (D) The cash value of USDA-donated food stamps or surplus commodities;
- (E) Payments under the Nutrition Program for the Elderly (Title VII of the Older Americans Act of 1965);
- (F) The value of assistance received under the Child Nutrition Act of 1966 and the National School Lunch Act;
- (G) Home produce for consumption by members of the filing unit and their families;
- (H) Expense allowances and weekly incentive payments of up to \$30 from the Department of Employment and Training;
- (I) Training stipends not to exceed \$120 monthly;
- (J) Incentive payments of \$30 per week or less received under a vocational rehabilitation program of the Massachusetts Rehabilitation Commission;
- (K) Reimbursement payments for education and/or training-related expenses received from participation in JTPA programs, or from other agencies and organizations that are nonduplicative of EAEDC payments and are provided for specific goods or services. Such reimbursement payments include, but are not limited to, transportation allowances, child care costs, and the costs of books, supplies, or uniforms;
- (L) Any grant including, but not limited to, scholarships, the terms of which preclude its use for current maintenance;
- (M) Any grant or loan to an undergraduate student for educational purposes made or insured under any program administered by the U.S. Commissioner of Education;



- (N) Irregular or infrequent income, such as gifts, that cannot be reasonably projected over a period of time and that is less than \$30 per recipient in any quarter;
- (O) Experimental Housing Allowance Program payments made under contracts entered into prior to 1975;
- (P) Payments to, or reimbursement given to, volunteers serving as foster grandparents, senior health aides, or senior companions, or serving in the Service Corps of Retired Executives, or in VISTA, or in any other program established under the Domestic Service Act of 1973;
- (Q) Funds distributed to or held in trust for members of any Indian tribe pursuant to a judgment of the Indian Claims Commission;
- (R) The tax-exempt portions of payments made under the Alaska Native Claims Settlement Act;
- (S) Payments to Native Americans under Public Laws 92-254, 93-134, 94-114, and 94-540 including interest income from these payments. Property purchased with these funds is a noncountable asset (see 106 CMR 321.140);
- (T) Relocation payments as described in 106 CMR 304.140;
- (U) Housing subsidies received under any Massachusetts or Federal housing program including utility allowances paid under such programs;
- (V) A loan verified by a written document, signed by the borrower, that expresses the borrower's intent to repay;
- (W) Work study income of undergraduate students under a federally-assisted work study program;
- (X) Earned income of a dependent child:
  - (1) all earned income of a dependent child under age 14;
  - (2) all earned income of a dependent child age 14 or older who is a full-time student, or a part-time student and a part-time employee;
  - (3) the earned income of a dependent child age 14 or older who is not a student, or is a part-time student and a full-time employee is noncountable for six months in a calendar year when the earned income is derived from participation in a JTPA program;
- (Y) Foster parent payments made by any public or licensed private non-profit child welfare agency;



(Z) Cash contributions from a nonlegally responsible person(s) that:

- (1) are restricted for a specific purpose; and
- (2) provide for a portion of any of the needs specified in 106 CMR 321.510: Guide for Income-In-Kind or provide for needs not included in 106 CMR 321.510.

A contribution from a nonlegally responsible person(s) that meets the entire cost of one or more of the needs specified in 106 CMR 321.510: Guide for Income-In-Kind is countable income and is deducted using the standard values in 106 CMR 321.510;

- (AA) Payments from the Home Energy Assistance Program;
- (BB) Assistance from other social service agencies or organizations that does not duplicate assistance received under EAEDC;
- (CC) EAEDC payments resulting from a correction of an underpayment or a fair hearing decision;
- (DD) Refunds from a utility company, landlord or other vendor that were originally from EAEDC benefits, fuel assistance, or other noncountable income funds;
- (EE) Any portion of a Workers' Compensation, property damage, personal injury, Compensation to Victims of Violent Crimes Act, or death settlement or award that is spent for the purpose for which it was originally earmarked and is not compensation for lost wages;
- (FF) Earned income tax credits whether received as advance payments of earned income tax credits or as part or all of an income tax refund;
- (GG) Payments to eligible individuals of Japanese ancestry or their survivors under the Civil Liberties Act of 1988 and payments to eligible Aleuts (who were former residents of the Aleutian and Pribilof Islands) or their survivors under the Aleutian and Pribilof Islands Restitution Act, Public Law 100-383;
- (HH) Agent Orange Settlement Fund payments made to Vietnam veterans or their survivors, in accordance with Public Law 101-201, effective January 1, 1989; and
- (II) Money received from a loan secured by the equity in the home of an individual who is aged 60 or over (so-called "reverse mortgage").



321.260: Income Test of Eligibility

Financial eligibility with regard to income is determined at application, redetermination, and when a change in income is reported. For filing units whose income does not exceed the applicable Standard of Assistance specified in 106 CMR 321.420, a grant calculation is performed as specified in 106 CMR 321.500.

321.270: Work-Related Expense Deduction(A) Requirements

An applicant or recipient who is employed is entitled to a \$90 monthly deduction from gross wages in determining eligibility and in determining the amount of the assistance grant.

A person who meets the provisions of 106 CMR 321.230, whose income is deemed to the filing unit, is entitled to a \$75 monthly deduction from gross wages for a work-related expense deduction.

(B) Restrictions

- (1) An applicant or recipient who meets the provisions of 106 CMR 321.280(C) shall not be eligible for the work-related expense deduction.
- (2) An applicant or recipient who is required to be in the filing unit, but is not included in the assistance unit, shall not be eligible for the work-related expense deduction.



321.275: Dependent Care Deduction(A) Requirements

An applicant or recipient who is employed may receive a deduction from income equal to the expenditure for the care of a dependent child, as defined in 106 CMR 318.500, or an incapacitated individual requiring such care.

If the applicant or recipient is eligible for the \$30 and one-third disregard (106 CMR 321.280), the dependent care deduction shall be made after the \$30 and one-third has been deducted. The dependent child or incapacitated individual must be a member of the assistance unit. For an applicant or recipient who is employed full-time, the amount allowed as a deduction shall be the actual cost of dependent care, including the cost of transporting dependents to and from dependent care, but shall not exceed \$175 per dependent child, age two or older, or incapacitated individual, per month. For a dependent child under the age of two, the monthly maximum allowable deduction shall not exceed \$200.

An applicant or recipient who is employed less than full-time may receive a proportionate share of the maximum allowable deduction. For an applicant or recipient employed less than full-time, the following standards shall be used to determine the maximum proportionate share of the maximum deduction, per dependent child or incapacitated individual, for which they are eligible. In all situations, the amount allowed for dependent care shall be the actual expenditure for dependent care, including the cost of transporting dependents to and from dependent care, or the maximum allowable deduction, whichever is less.

WEEKLY HOURS	MONTHLY HOURS	MAXIMUM DEDUCTIONS	
		DEPENDENT TWO OR OVER	CHILD UNDER TWO
1 - 10	1 - 43	\$44	\$50
11 - 20	44 - 87	\$88	\$100
21 - 30	88 - 130	\$132	\$150
31 - above	131 - above	\$175	\$200

(B) Restrictions

- (1) An applicant or recipient who meets the provisions of 106 CMR 321.280(C) shall not be eligible for the dependent care deduction.



(2) An applicant or recipient who is required to be in the filing unit, but is not included in the assistance unit, shall not be eligible for the dependent-care deduction.

(3) The dependent-care deduction is not applied to income from a renter, roomer, or boarder.

(C) Verification

The expenses for which the dependent-care deduction is claimed shall be verified as follows:

(1) The only acceptable verifications for dependent-care expenses are:

(a) a signed and dated statement from the dependent-care provider; and/or

(b) a cancelled check or money order payable to the dependent-care provider.

If none of the above documents is available, verification of dependent-care expenses shall be a signed and dated statement from the employed individual of the actual cost of dependent care.

(2) The verification of the cost of transporting dependents to and from dependent care shall be a signed and dated statement from the employed individual of the actual cost of such transportation.

(3) The incapacity of an individual in the assistance unit other than a dependent child for whom dependent-care costs are being claimed must be verified. Incapacity is verified by a current statement from a competent medical authority as defined in 106 CMR 318.500.

321.280: Eligibility for the \$30 and One-Third Disregard and the \$30 Disregard

An applicant or recipient is eligible to have \$30 and one-third of the remaining gross earned income, after work-related expenses, but before dependent-care deductions, disregarded if the following requirements are met:



(A) An employed applicant or recipient shall be eligible to receive the \$30 and one-third disregard for four consecutive calendar months and a \$30 disregard for eight consecutive calendar months following the four consecutive calendar months of the \$30 and one-third disregard. Eligibility for the \$30 disregard during the eight consecutive calendar months following the four consecutive calendar months of the \$30 and one-third disregard remains in effect even though the \$30 disregard may not have been applied for each of the eight consecutive calendar months. Once the \$30 and one-third disregard has been applied for four consecutive calendar months, the recipient is ineligible to receive it again for as long as he or she continues to receive EAEDC.

(B) If the \$30 and one-third disregard has been applied for four consecutive calendar months and the recipient subsequently stops receiving EAEDC, he or she shall be ineligible to receive the \$30 and one-third disregard until the expiration of a period of 12 consecutive calendar months without receipt of EAEDC.

(C) This disregard does not apply to the earned income of a member of the assistance unit for the month in which one of the following conditions apply:

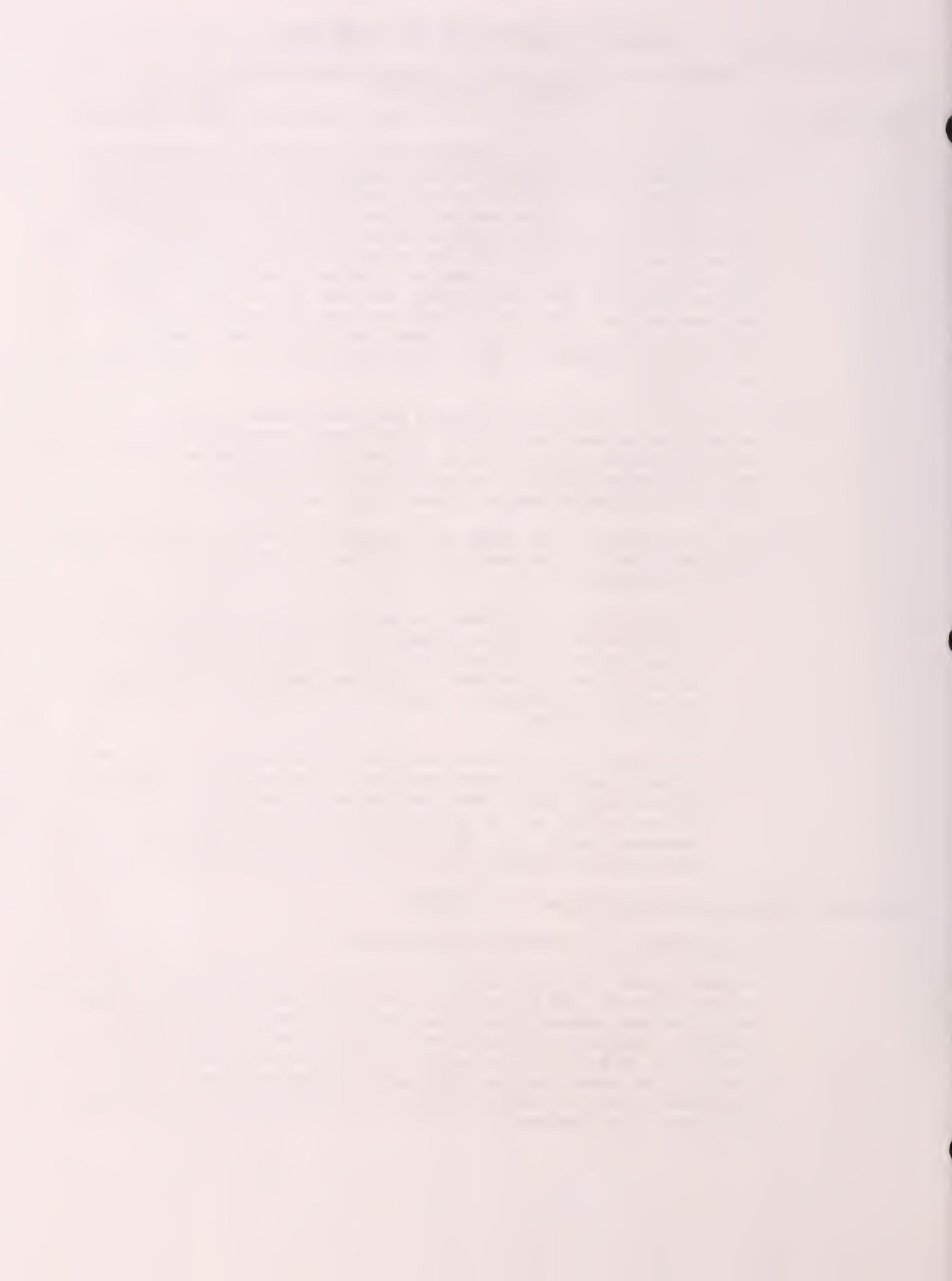
(1) An applicant or recipient who reduced his or her income or terminated his or her employment without good cause within the 30 days prior to the month for which the grant amount is calculated or who refused a bona fide job offer without good cause in the same period. See 106 CMR 307.180 for acceptable good cause reasons.

(2) An applicant or recipient who failed without good cause to make a timely report of income received. Good cause for failure to make a timely report shall be limited to demonstrated serious illness on the part of the applicant or recipient, or a dependent child. See 106 CMR 318.420: Responsibility for Notification of Changes for the definition of a timely report.

#### 321.290: Verification and Determination of Income

(A) Verification and Determination of Income

Earned income from wages shall be verified at application, redetermination, and at any time a member of the filing unit reports he or she has commenced employment or his or her earnings have changed. Earned income shall be verified by pay stubs, pay envelopes, or a written statement signed by an employer. The verification must show the gross wages (including tips, if applicable) and the number of hours worked when necessary to verify dependent care expenses.



- (1) If the employee is paid weekly, the average of the four consecutive weeks' pay received prior to the application date will be multiplied by 4 1/3 or 4.333 to obtain an average monthly wage. If the filing unit member has worked less than four weeks, any wage information that is available will be used initially, and the figure will be revised if necessary when wage information for four consecutive weeks is available.
- (2) If the employee is paid bi-weekly, an average of the last two consecutive pay periods will be multiplied by 2 1/6 or 2.167 to obtain a monthly figure. If the employee is paid twice a month, the last two consecutive pay periods will be added to obtain a monthly figure.
- (3) If the employee is paid monthly, the monthly figure is used.
- (4) If the employee receives a contractual annual salary, the amount to be used is the contractual annual salary divided by 12. Verification of the annual salary should be obtained in the form of a signed copy of the contract or a signed letter stating the annual salary to be received.
- (5) Pay stubs, pay envelopes, or a written statement signed by an employer showing wages paid and the number of hours worked in the year to date may be used to determine an anticipated monthly wage provided the number of weeks' pay represented is shown or can be computed. The average weekly earnings derived are multiplied by 4 1/3 or 4.333 to obtain a monthly figure.

(B) Verification and Determination of Self-Employment Income

Earned income must be verified. Self-employment income is verified by means of business records and tax returns that show the total amount of income and the total business expenses associated with the gross income earned. The three most current months' records must be used. Business expenses may be verified by records of bank deposits, records of wages paid to employees, and Social Security and other taxes paid on and withheld from those wages; rent receipts, utility payments receipts, bills of lading, receipts for purchase of stock, and Workers' Compensation payment records.

(C) Unearned Income

Unearned income shall be verified at application, at redetermination, and at the time of a change in income. Income that is received on other than a monthly basis shall be converted to a monthly amount in accordance with 106 CMR 321.290. Unearned income shall be verified by a copy of the benefit payment check, a copy of a benefit or award letter, retirement fund documents, social security benefit statements, a written statement from the agency or person making the payment that indicates the amount and frequency of the payment, or information received by the Department through a computer match from agencies such as the Social Security Administration (SSA) or the Department of Employment and Training (DET) that indicates the current amount and frequency of the payment.



321.300: Membership in the Assistance Unit and Filing Unit

An assistance unit is composed of those persons whose needs are considered in determining eligibility and the amount of the grant, and who are eligible to receive benefits under EAEDC. All persons in the assistance unit must be included in the filing unit.

A filing unit is composed of those persons whose income and assets must be considered in determining the eligibility and/or amount of the grant for the assistance unit, regardless of whether they are included in the assistance unit.

A household is the total group of persons who live together. The household may include persons who are not in the filing unit. In order for the assistance unit to be eligible for EAEDC, the filing unit may not have:

- (A) assets greater than the asset limitation (106 CMR 321.110); or
- (B) income, including income deemed to it, greater than the allowable limits for income specified in 106 CMR 321.420.

321.310: Composition of the Assistance Unit

- (A) Whenever an application is made by an elderly person as specified in 106 CMR 320.100, the assistance unit shall include the elderly person;
- (B) Whenever an application is made by a disabled person as specified in 106 CMR 320.200, the assistance unit shall include the disabled person;
- (C) Whenever an application is made by a person participating in MRC as specified in 106 CMR 320.250, the assistance unit shall include the person participating in MRC;
- (D) Whenever an application is made by a person who is caring for a disabled person as specified in 106 CMR 320.300, the assistance unit shall include the person caring for the disabled person;
- (E) Whenever an application is made by a natural or adoptive parent(s) of a dependent child(ren) as specified in 106 CMR 320.400(A), the following persons must be included in the assistance unit unless one or more of these persons meets one of the exceptions specified in 106 CMR 320.400(A)(2):
  - (1) the dependent child(ren) as defined in 106 CMR 318.500; and
  - (2) the siblings and half-siblings of the dependent child(ren); and
  - (3) the natural and adoptive parent(s) of such child(ren).



(F) Whenever an application is made by an adult caretaker for dependent children as specified in 106 CMR 320.400(B), the following persons must be included in the assistance unit unless one or more of these persons meets one of the exceptions specified in 106 CMR 320.400(B) (2):

- (1) the dependent child(ren) as defined in 106 CMR 318.500: and
- (2) the siblings and half-siblings of the dependent child(ren).

The adult caretaker specified in 106 CMR 320.400(B) has the option of inclusion or exclusion from the assistance unit for himself or herself only.

(G) Whenever an application is made by a person who is a student as specified in 106 CMR 320.450, the assistance unit must include the student.

#### 321.320: Composition of the Filing Unit

The following persons must be included in the filing unit and their income and assets must be included in determining the assistance unit's eligibility and the amount of the grant.

- (A) persons in the assistance unit (106 CMR 321.310: Composition of the Assistance Unit);
- (B) the spouse living in the home of a person in the assistance unit who is applying for or receiving EAEDC pursuant to 106 CMR 320.100, 320.200, 320.250, 320.300 or 320.450;
- (C) the disabled person who is being cared for pursuant to 106 CMR 320.300. The income and assets of this person shall be considered in determining the eligibility of the person providing the care in accordance with 106 CMR 321.235;
- (D) the natural or adoptive parents whether or not they are married to each other of a dependent child(ren) for whom EAEDC benefits are being applied for or received pursuant to 106 CMR 320.400(A); and
- (E) the spouse of a natural or adoptive parent of a dependent child(ren) for whom EAEDC benefits are being applied for or received pursuant to 106 CMR 320.400(A).

#### 321.325: Failure To Cooperate

If the eligibility of the assistance unit cannot be determined because of the failure or refusal of any member of the filing unit to provide information and/or verification, the entire assistance unit is ineligible and assistance shall be denied or terminated.



321.400: Introduction – Living Arrangement and Grant Calculation

The assistance grant of EAEDC applicants or recipients is based on the living arrangement of the assistance unit. Sections 106 CMR 321.410, 321.420, and 321.500 describe the living arrangements, the Standards of Assistance for the living arrangements, and the grant calculation.

321.410: Living Arrangement(A) Definition

The living arrangement of EAEDC applicants or recipients shall be one of the following:

- (1) Living Arrangement A describes an EAEDC individual or EAEDC family who is responsible for a shelter cost, including but not limited to rent, mortgage, real estate taxes, insurance, fuel or utility expenses or room or board expenses from a licensed lodging house, and who:
  - (a) Lives alone; or
  - (b) Lives with others, except as specified in 106 CMR 321.410(A)(2) or (A)(3).
- (2) Living Arrangement B describes an EAEDC individual or EAEDC family who lives with another assistance unit who is applying for or receiving AFDC or RRP, including spouses, and a legal obligation to support exists between a member(s) of the AFDC or RRP assistance unit and a member(s) of the EAEDC assistance unit, except as described in 106 CMR 321.410(A)(3)(b).
- (3) Living Arrangement H describes the EAEDC individual or EAEDC family, who is responsible for a shelter cost as specified in 106 CMR 321.410(A)(1), and is in one of the following circumstances:
  - (a) Lives with a spouse, except as specified in 106 CMR 321.410(A)(2) or (A)(3)(b); or
  - (b) Lives with a spouse and a child who is not the natural or adoptive child of the spouse and the spouse is receiving AFDC or RRP for himself or herself and/or the child.
- (4) Living Arrangement C describes an EAEDC individual who resides in a halfway house, licensed chronic hospital, licensed nursing home, approved public medical institution, licensed intermediate care facility, residential treatment center or public psychiatric institution.
- (5) Living Arrangement D describes an EAEDC individual or EAEDC family in one or more of the following circumstances:



(a) An individual or a family, including an individual or family with no established place of abode, who pays no shelter costs as specified in 106 CMR 321.410(A)(1); or

(b) An individual or family in an emergency shelter.

(6) Living Arrangement E describes an EAEDC individual who resides in a licensed rest home, also known as a residential care facility.

(7) Living Arrangement F describes an EAEDC individual who resides in a therapeutic community center.

(8) Living Arrangement G describes an EAEDC individual who resides in a detoxification center.

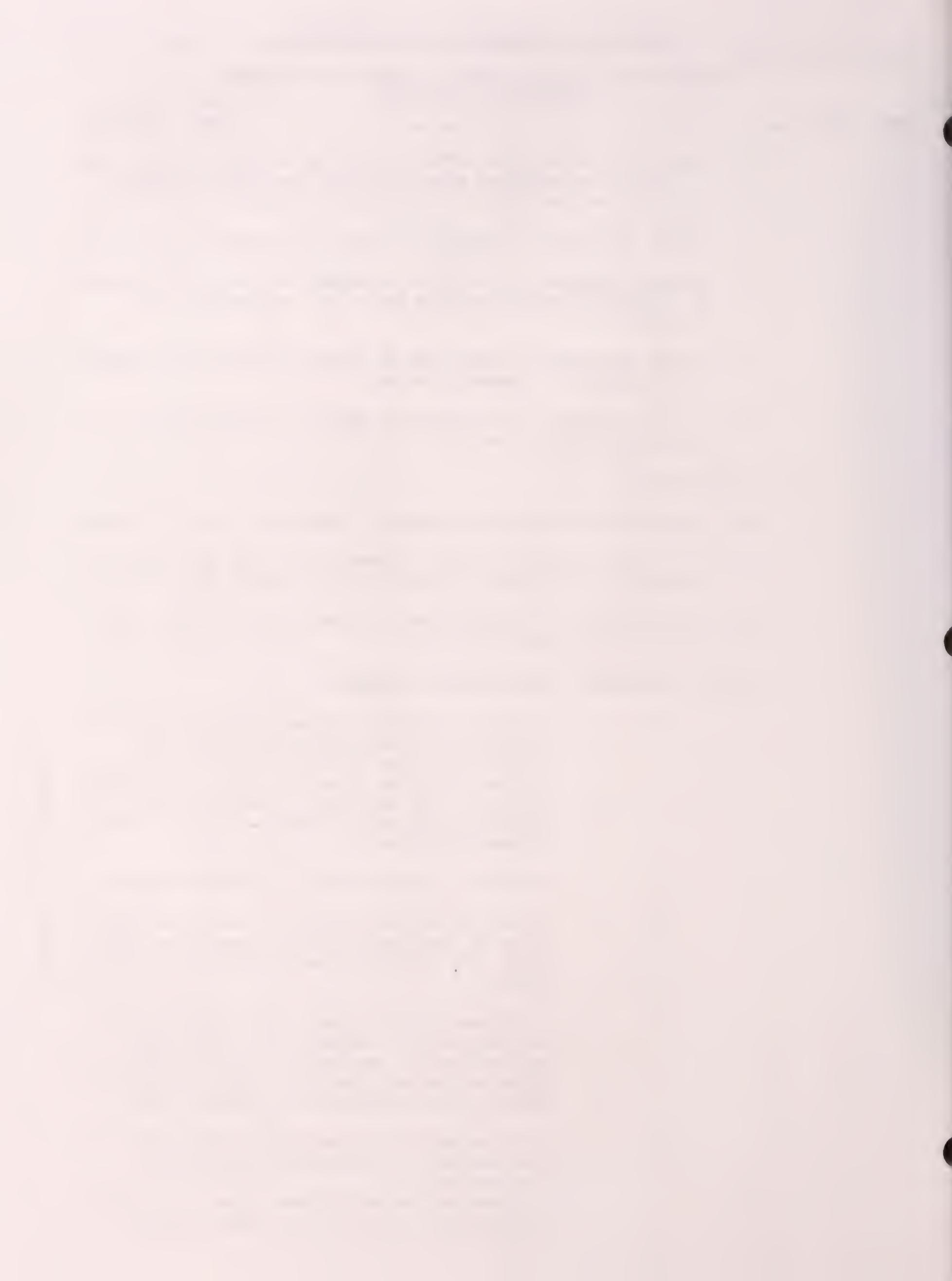
(B) Verification

The verification of living arrangement is mandatory and shall be by:

(1) A written, dated, and signed statement from the applicant or recipient and any other appropriate individual; and

(2) The applicant or recipient shall be required to provide additional verification, as follows:

<u>Living Arrangement</u>	<u>Verification Required</u>
A	a rent or mortgage statement; and/or proof of responsibility for any other shelter cost; and/or a room and/or board receipt; and/or a written statement from the individual or family with whom the individual or family shares the shelter expenses that specifies how the shelter expenses are shared.
B	a written statement from the AFDC/RRP worker.
H	a written statement from the individual with whom the applicant/recipient shares the shelter costs that specifies the shelter costs are shared.
C	a statement from an authorized person at the halfway house, licensed chronic hospital, approved public medical institution, licensed intermediate care facility, public psychiatric institution or residential treatment center.
D	a statement from an authorized representative of the shelter if a resident of an emergency shelter; or a signed and dated statement from the applicant or recipient that he or she has no shelter costs.



EMERGENCY AID TO THE ELDERLY AND DISABLED  
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Assistance <u>Unit Size</u>	<u>Standard of Assistance</u>
1	\$ 92.80
2	184.40
3	275.70
4	367.30
5	458.90
6	534.30
Incremental	91.60

(E) Living Arrangement E: Licensed Rest Homes

Individuals in licensed rest homes shall receive \$60.00 per month plus the per diem established for the facility by the Rate Setting Commission, minus countable income, provided that all of the following conditions are met: (1) the per diem amount is not paid by another Department mechanism; (2) the individual is not eligible for any other form of cash assistance; and (3) the per diem cost is charged to the individual.

Under no circumstances shall laundry costs be charged to the personal needs allowance of a recipient specified in 106 CMR 321.420(E).

(F) Living Arrangement F: Therapeutic Community Center

Assistance <u>Unit Size</u>	<u>Standard of Assistance</u>
1	\$196.00

(G) Living Arrangement G: Detoxification Center

Assistance <u>Unit Size</u>	<u>Standard of Assistance</u>
1	No grant but payment of detoxification center and other eligible medical services.

(H) Living Arrangement H

Assistance <u>Unit Size</u>	<u>Standard of Assistance</u>	<u>Standard of Assistance</u>
	<u>No Rent Allowance</u>	<u>with Rent Allowance</u>
1	\$202.50	\$237.50
2	263.40	298.40
3	324.40	359.40
4	385.50	420.50
5	446.60	481.60
6	507.40	542.40
Incremental	61.10	61.10



321.500: Calculation of Grant Amount

The grant amount is calculated as follows:

- (A) Identify the countable income of the members of the assistance unit. (See 106 CMR 321.200 through 321.250.)
- (B) Subtract work-related expenses, as defined in 106 CMR 321.270, and, if applicable, the \$30 and one-third disregard or \$30 disregard, as specified in 106 CMR 321.280, and/or, if applicable, the dependent care deduction, as specified in 106 CMR 321.275, from earned income, and add the result to the unearned income.
- (C) Subtract the result of 106 CMR 321.500(B) from the standard of assistance appropriate to the assistance unit. If the result is less than zero, then the assistance unit is financially ineligible. If the result is greater than or equal to zero, the assistance unit is financially eligible.

321.510: Guide for Income-in-Kind

Income-in-kind is income other than cash provided to the assistance unit. It may consist of free rent, free utilities, or free food.

TABLE OF MONTHLY VALUES FOR INCOME-IN-KIND

INCOME-IN-KIND	VALUE PER ASSISTANCE UNIT	
	<u>LIVING ALONE</u>	<u>SHARING</u>
SHELTER:	\$110 per month	\$56 per month
FUEL:	\$23 per month	\$12 per month
UTILITIES:	\$17 per month	\$9 per month
FOOD:	\$42 per month	\$42 per month
CLOTHING:	\$18 per month	\$18 per month

321.520: Payment of Assistance Grant

After the eligibility has been established, assistance payments are normally to be made directly to the recipient. In those circumstances where the recipient has indicated an inability to manage the assistance payment, the procedures outlined for vendor payments are to be applied. Total vendor payments under this provision shall not exceed the current monthly assistance payment.

321.530: Minimum Monthly Payment

The smallest monthly grant paid is \$2. If the grant amount is greater than \$0 but less than \$2, the monthly grant paid shall be \$2 except as specified in 106 CMR 321.420(G).



(C) Subtract the result of 106 CMR 321.500(B) from the standard of assistance appropriate to the assistance unit. If the result is less than zero, then the assistance unit is financially ineligible. If the result is greater than or equal to zero, the assistance unit is financially eligible.

#### 321.510: Guide for Income-In-Kind

Income-in-kind is income other than cash provided to the assistance unit. It may consist of free rent, free utilities, or free food.

<u>TABLE OF MONTHLY VALUES FOR INCOME-IN-KIND</u>	
<u>INCOME-IN-KIND</u>	<u>VALUE</u>
SHELTER:	\$110 per month per assistance unit
FUEL:	\$23 per month per assistance unit
UTILITIES:	\$17 per month per assistance unit
FOOD:	\$42 per month per individual
CLOTHING:	\$18 per month per individual

#### 321.520: Payment of Assistance Grant

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#### 321.530: Minimum Monthly Payment

The smallest monthly grant paid is \$2. If the grant amount is greater than \$0 but less than \$2, the monthly grant paid shall be \$2 except as specified in 106 CMR 321.420(G).



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322.000: Overview of Related Benefits

This chapter contains a description of the benefits provided by the Department which EAEDC applicants or recipients may be eligible to receive. Some benefits are available to all recipients; others are intended for special needs or situations.

These benefits are described under the following headings:

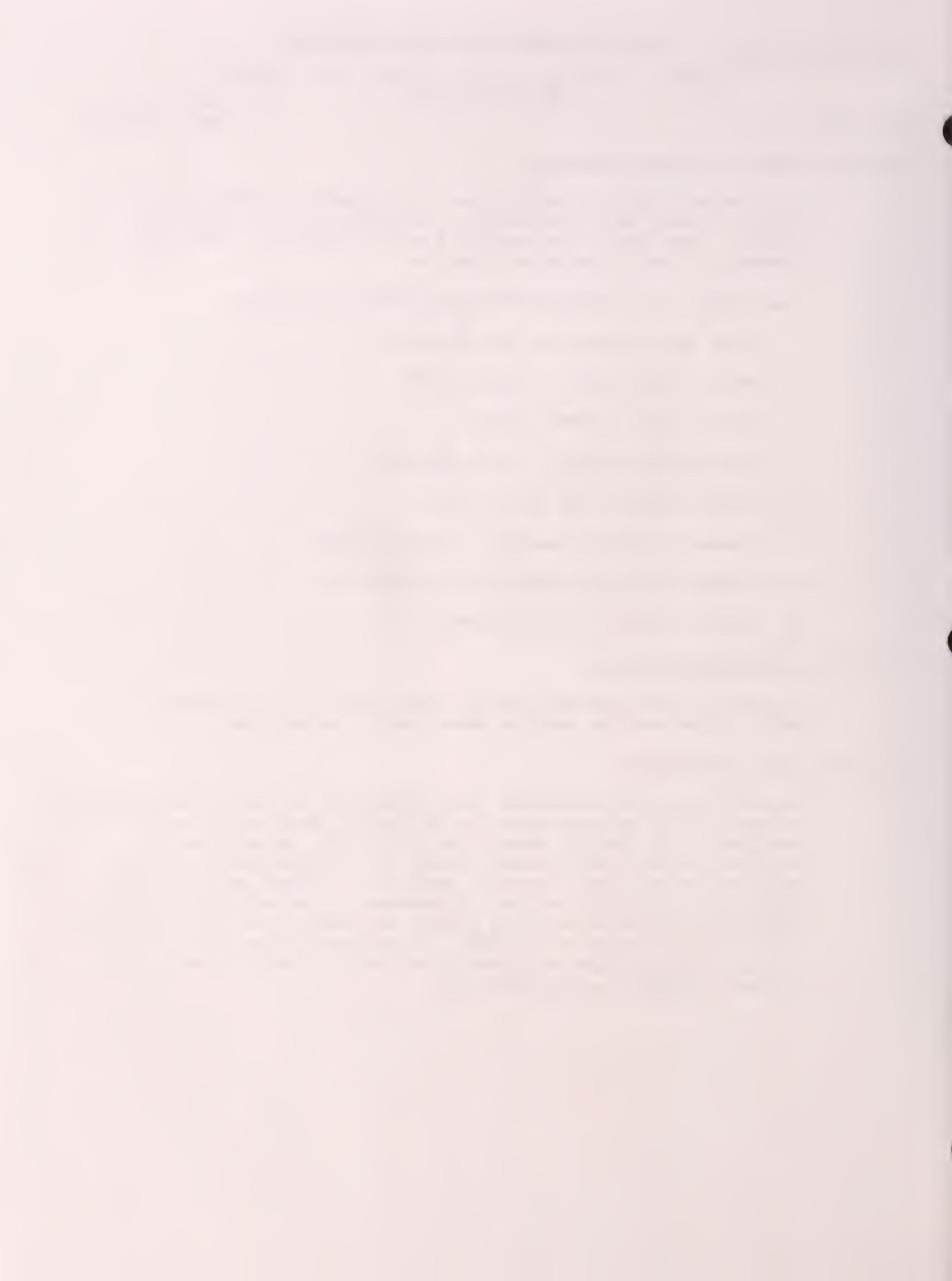
- (A) EAEDC Medical Services, 106 CMR 322.100;
- (B) Medical Assistance, 106 CMR 322.200;
- (C) Food Stamps, 106 CMR 322.300;
- (D) Emergency Assistance, 106 CMR 322.400;
- (E) Infant Benefits, 106 CMR 322.500;
- (F) Funeral and Burial Benefits, 106 CMR 322.600;
- (G) Transportation Assistance, 106 CMR 322.700;
- (H) Rent Allowance, 106 CMR 322.800.

322.100: EAEDC Medical Services

The EAEDC program provides limited medical services to recipients of EAEDC. These services shall be specified by the Department.

322.200: Medical Assistance

Certain recipients of EAEDC may also be eligible for Medical Assistance in accordance with the requirements of the Medical Assistance Program specified in 106 CMR 501 through 106 CMR 507.600. An applicant or recipient of EAEDC who is under the age of 18 or aged 65 or older must apply for Medical Assistance as a condition of initial and continuing eligibility for EAEDC. Failure to cooperate in the Medical Assistance application and redetermination process for these persons shall result in the denial or termination of EAEDC. An applicant or recipient of EAEDC who is between the ages of 18 and 65 may apply for MA/DA if he or she chooses to complete such application.



322.300: Food Stamps

The purpose of the Food Stamp Program is to ensure adequate nutrition for low income households. The program is administered by the Department.

322.318: Obtaining Food Stamps

An EAEDC applicant or recipient may also apply for and be eligible for food stamps. The worker must inquire whether the applicant wants to apply for food stamps, and if so, must either process the food stamp application or in the instance of the NPA food stamp household make the appropriate referral to the food stamp unit.

322.320: Amount of Food Stamps

The amount of food stamps for which an assistance unit is eligible depends upon the amount of income available to it, including the EAEDC grant. When there is a change in the grant, or in the assistance unit, there may be a corresponding change in the food stamp allotment.

322.400: Emergency Assistance

The Emergency Assistance Program provides assistance to families in certain emergency or disaster situations. An assistance unit may receive authorization for Emergency Assistance for only one 30-day period in any 12 consecutive calendar months, except as provided in 106 CMR 309 for disasters.

The specific requirements and benefits of the EA program are found in 106 CMR 309: Emergency Assistance.

322.500: Infant Benefits

The purpose of Infant Benefits is to provide a one-time payment for equipment needed to care for an infant. If the equipment is not available to the applicant or recipient from any other source, and if payment for the equipment is requested within the six months following the birth of the eligible infant, the following benefits must be authorized at rates set by the Department:

- (A) payment for a crib or mattress for a newborn infant; and
- (B) payment for a layette for a newborn infant.



322.600: Funeral and Burial Expenses

The Department may provide payment for funeral and burial expenses of a deceased EAEDC applicant, recipient, or a person whose identity is unknown and found dead, in accordance with Massachusetts General Laws, chapter 18. If payment is made for such expenses, the Department has preferred claims against the estate and existing resources of the deceased applicant or recipient for the amount of any such payment.

Existing resources include, but are not limited to, savings, life insurance, RSDI and Veterans' Administration death benefits. In all instances where an applicant/recipient has ever been employed or was a Veteran, eligibility for these death benefits must be explored before payment is authorized.

The worker must determine the resources that exist to meet the expenses. When RSDI lump sum death benefits appear to be available, a claim must be filed by the widow(er), if any, and recovery made by the Department.

Veterans' death benefits will not be paid if the Department has already assumed the cost of funeral and burial. Therefore, it is essential that this claim be filed before the Department makes a commitment concerning the amount for which it will be responsible.

322.610: Payment for Funeral and Burial Expenses

The Department may pay a sum not to exceed \$1,100 for the funeral and burial of an applicant or recipient provided that the total cost of the funeral and burial, including but not limited to the provision of a suitable grave marker, does not exceed \$1500. Any resources available for funeral and burial expenses must be deducted from the maximum allowable cost (\$1500); the Department then pays the balance, if any, up to \$1,100.

To receive payment the funeral director must submit an itemized bill and a signed statement that the total cost of the funeral and burial and suitable grave marker does not exceed \$1500. He or she must also report any money paid or to be paid by sources other than the Department.

The Department's payment is made in the form of a vendor payment to the funeral director.

322.700: Transportation Assistance

The Department provides transportation assistance to recipients of EAEDC benefits who have requested assistance to move outside the Commonwealth. Transportation assistance is provided through agencies under contract to the Department.

The worker must refer an individual or family to the contracting agency if they indicate an interest in moving outside the Commonwealth and appear to meet the eligibility criteria. The referral will be made in writing on a form prescribed by the Department. The determination of eligibility shall be made by the contracting agency pursuant to standards set by the Department.



322.710: Eligibility for Transportation Assistance

The contracting agency will determine eligibility for transportation assistance in accordance with the following criteria. The individual or family must:

- (A) have a significant social, medical or financial problem which may be substantially alleviated by moving outside the Commonwealth;
- (B) be receiving EAEDC, AFDC, SSI, MA or RRP benefits;
- (C) have insufficient resources of their own to move outside the Commonwealth; and
- (D) not have been a previous participant in the Transportation Assistance Program.

322.720: Voluntary Participation in Transportation Assistance

The decision of an individual or family to accept referral for transportation assistance and to accept transportation assistance, based on the contracting agency's agreement to the soundness of the moving plan, must be voluntary.

322.730: Limitation on Transportation Assistance

Transportation assistance is limited to personal transportation for the family or the individual. The cost of moving household goods or furnishings, or costs for luggage or baggage in excess of the transportation carrier's stated limitations for personal effects or belongings, will not be authorized.

322.800: Rent Allowance

Applicants and recipients who are in Living Arrangement A shall be entitled to a Rent Allowance of \$35 monthly per assistance unit, provided: (1) the applicant or recipient does not live in public or state or federally subsidized housing; and (2) the applicant or recipient has rent, mortgage, or room and/or board expenses.

Public housing is housing owned and operated by a housing authority in which the rent is based on a percentage of the income of at least one of the occupants.

Subsidized housing is housing occupied under a Section 8 or Chapter 707 lease or agreement or other state or federally funded program in which the rent of at least one of the occupants is based in whole or in part on a percentage of his or her income.



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323.000: Overview of Auxiliary Activities

This chapter describes activities that affect the delivery of benefits and are required to ensure the proper and accurate direction of funds.

Auxiliary activities and the circumstances in which they are required are described in the following sections:

- (A) Inquiries, Requests, and Complaints, 106 CMR 323.100;
- (B) Overpayments, Underpayments, and Recovery, 106 CMR 323.200;
- (C) Referral to Bureau of Special Investigations, 106 CMR 323.240;
- (D) Delivery of Checks, 106 CMR 323.400;
- (E) Lost or Stolen Checks, 106 CMR 323.500;
- (F) Vendor Payments, 106 CMR 323.600; and
- (G) Quality Control, 106 CMR 323.700.

323.100: Inquiries, Requests, and Complaints

The worker must respond to all appropriate inquiries, requests, and complaints regarding the EAEDC Program or EAEDC cases for which he or she is responsible. These responses must be made within the limitations of the Massachusetts Freedom of Information Act as contained in 106 CMR 100: Fair Information Practices, and the regulations which follow.

323.110: Inquiries

An inquiry is an oral or written request for information about the EAEDC Program in general. Inquiries must be responded to by workers in the area offices or branch offices to which such inquiries are directed.

323.120: Requests

Under certain circumstances, defined in 106 CMR 100-108, information about a specific case may be released. If the worker is uncertain as to whether information may be disclosed, he or she must consult with the supervisor. When requests for information about a specific case may not be met, the reasons for the unavailability of information must be explained in writing to the person or institution making the request.



323.130: Complaints

A complaint is an oral or written communication expressing dissatisfaction with the policies and procedures of the Department or its administration. Complaints may be made by persons, institutions, or other agencies.

323.140: Oral Complaints

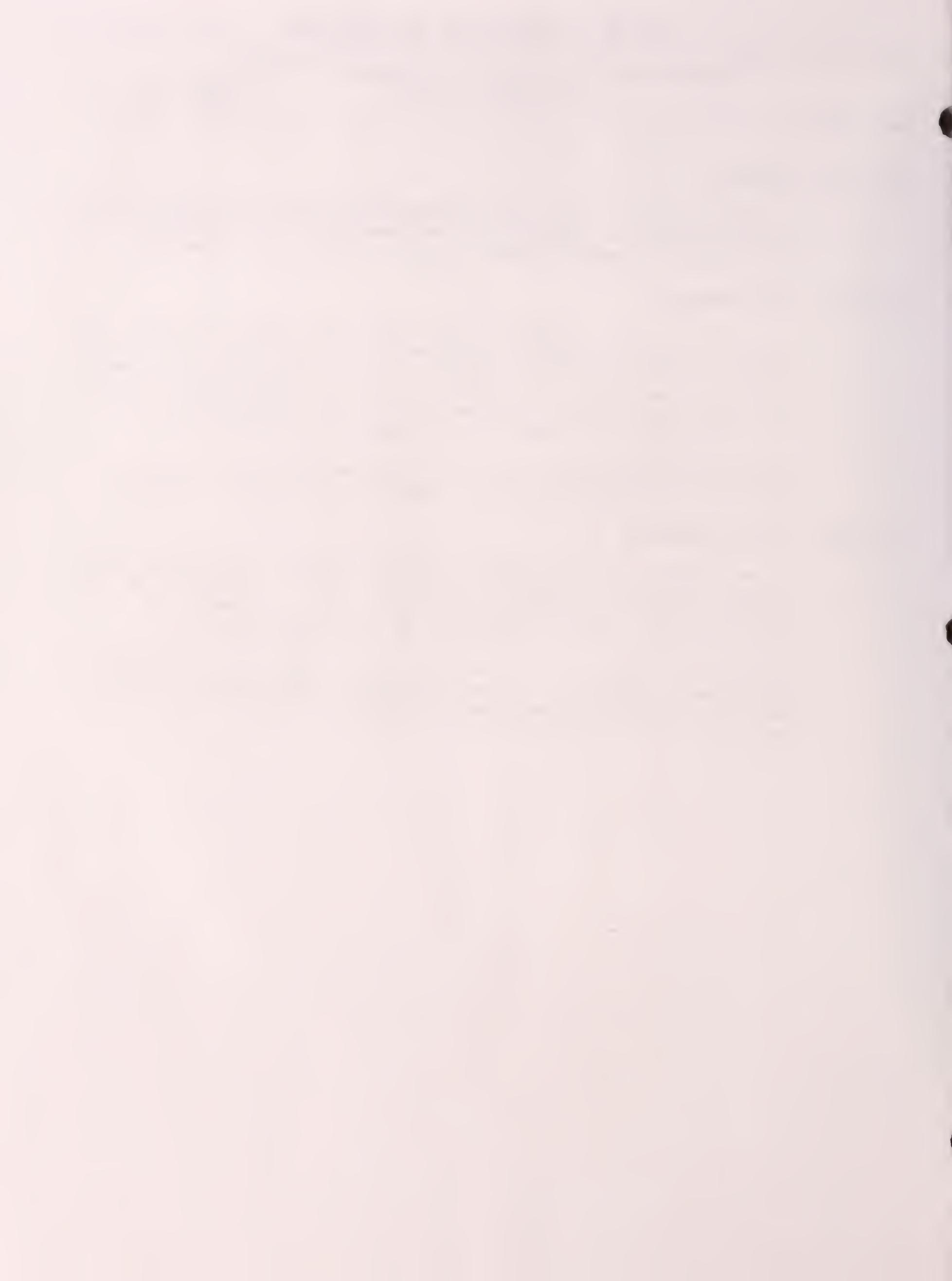
In the case of an oral complaint, the worker must attempt to address the complaint's dissatisfaction by providing a prompt interpretation of agency policy. In the event the complainant is not satisfied with the worker's explanations and wishes to go beyond the worker for assurance that he or she is receiving equitable treatment, the worker's immediate supervisor must be available for a three-way discussion of the problem.

The applicant, recipient or institution must be informed of the right to appeal and have a fair hearing or to have a review without a hearing.

323.150: Written Complaints

In the case of a written complaint, the complaint must be reviewed by the worker to determine its validity. After the review is completed, a summary must be made of the facts and the action to be taken. The worker's decision must be reviewed by the immediate supervisor.

A letter must then be sent to the complainant informing such individual or institution of appropriate action in relation to the complaint. The letter must inform the complainant of the right to appeal and have a fair hearing or to have a review without a hearing.



323.200: Overpayments and Underpayments

An overpayment exists when an assistance unit receives assistance for which it is not eligible or which exceeds the amount for which it was eligible.

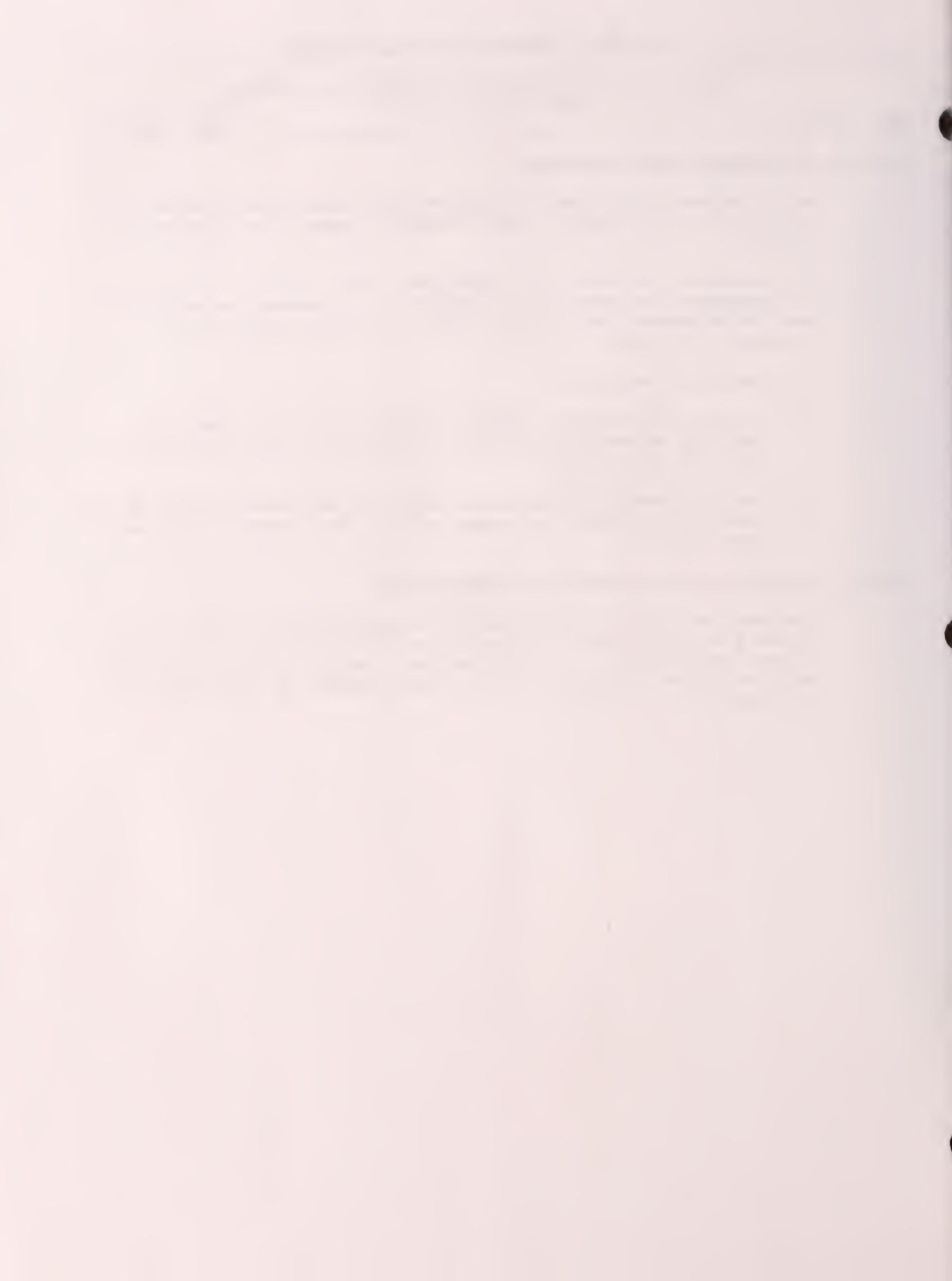
An overpayment may result from Department error, recipient error, misrepresentation or withholding of information, or payment of assistance pending implementation of a fair hearing decision upholding the Department's proposed action.

An underpayment exists when:

- (A) a financial assistance payment received by or for an assistance unit for the month is less than the amount for which the assistance unit was eligible; or
- (B) the Department fails to issue a financial assistance payment for the month to an eligible assistance unit, if such payment should have been issued.

323.210: Correction of Overpayments and Underpayments

The Department has the responsibility to identify and to correct overpayments and underpayments of assistance. The Department must promptly correct underpayments to current recipients and to those recipients who would be current recipients if the mistake causing the underpayment had not occurred.



When an underpayment is established, the Department shall send written notice to the recipient that 1) includes the amount and 2) informs the recipient of the right to request a fair hearing. Before an action to recoup an overpayment, as provided in 106 CMR 323.290, is taken, the Department shall notify the recipient in accordance with 106 CMR 319.500.

If both an underpayment and an overpayment exist, the Department may offset one against the other before correcting the payment if the existence and amount of both the underpayment and the overpayment can be promptly determined. Otherwise, the Department shall proceed to correct the underpayment and overpayment independently.

Retroactive corrective underpayments shall not be considered income or a resource for purposes of determining continued eligibility and amount of assistance either in the month paid or in the following month.

All overpayments are subject to recovery by the Department. Overpayments involving possible fraud shall be referred to the Bureau of Special Investigations (BSI).

#### 323.220: Causes of Overpayments

##### (A) Department Error

An overpayment may occur as a result of Department error. Department error includes failure of the worker to act on information that affects eligibility or the amount of assistance.

##### (B) Payments Pending a Fair Hearing Decision

An overpayment occurs when the Department's position is upheld on an appeal by a recipient of a reduction or termination, and aid was paid pending the implementation of the decision.

The overpayment in a split fair hearing decision, where the action of the Department is only partly upheld, is the amount found in the fair hearing decision to be incorrectly paid.

##### (C) Recipient Error, Misrepresentation or Withholding of Information

An overpayment may occur as a result of recipient error. Recipient error may occur when the recipient, because of a misunderstanding of his or her responsibilities, fails to notify the Department of a change in his or her resources or other circumstances within the prescribed 10 days of such a change.

An overpayment may also occur because the applicant or recipient knowingly misrepresents or withholds information from the Department.



323.230: Bureau of Special Investigations

The Bureau of Special Investigations (BSI) is authorized to investigate all overpayments that are the result of recipient error and possible misrepresentation or withholding of information. The worker shall not investigate these cases. The BSI has the responsibility to determine if an overpayment is the result of recipient error or possible misrepresentation or withholding of information.

BSI investigators may enter any Department office to conduct an investigation or review procedures to determine if there has been a fraudulent claim or wrongful receipt of money under any assistance program by the Department. BSI employees may, in conjunction with such an investigation, examine all records, files, books, and accounts within the scope of their investigation. Department workers shall cooperate fully with BSI representatives.

323.240: Referral to the Bureau of Special Investigations

All cases of possible misrepresentation or withholding of information and error on the part of a recipient, applicant, or non-medical vendor shall be referred to the Bureau of Special Investigations(BSI).

All cases of overpayment not the result of Department error or payment pending implementation of a fair hearing decision shall be referred to the BSI.

All cases of actual or suspected medical vendor fraud or abuse must be referred to the Provider Review and Sanctions Unit, 600 Washington Street, Boston, MA 02111.

323.250: Recovery

(A) The Department shall act promptly to recover all overpayments from current recipients and from previous recipients who apply for and are determined eligible for current assistance.

The Department shall refer overpayments resulting from recipient error, withholding of information, or possible misrepresentation to the Bureau of Special Investigations (BSI). In such cases no recovery may take place until the BSI notifies the Department that it has decided not to investigate or its investigation is complete.

(B) The Department will recover overpayments only from the assistance unit that was overpaid.



- (C) In cases where assistance has been terminated, the Department shall act to recover overpayments of amounts exceeding \$35.00. When the overpayment amount owed by an individual no longer receiving cash assistance is \$35.00 or more, the unit designated by the Department to administer recovery for cases that have closed can determine when it is no longer cost-effective to continue recovery efforts, provided it has made reasonable efforts to recover the overpayment. If BSI determines that the overpayment involves fraud, or if the assistance unit again begins to receive EAEDC, the Department must attempt to recover the overpayment even if less than \$35.00.
- (D) If through recoupment the monthly grant amount is reduced to zero, the assistance unit shall be considered to be still receiving assistance. The minimum monthly payment shall be \$2.00.

323.260: Recovery of Overpayments Resulting from Department Error and Payments Pending a Fair Hearing Decision

- (A) Overpayments resulting from Department error shall be recovered.
- (B) Overpayments resulting from assistance paid pending implementation of a fair hearing decision following an appeal of reduction or termination in benefits shall be recovered if the fair hearing decision confirms the reduction or termination. The overpayment in a split fair hearing decision, where the action of the Department is only partly upheld, is the amount found in the fair hearing decision to be incorrectly paid.
  - (1) The Department shall inform the recipient that the Department will recover any aid paid pending implementation of a decision following a fair hearing decided in the Department's favor.
  - (2) The Department shall provide on the notification form letter the option for the appellant to waive the receipt of aid pending the hearing.

323.270: Recovery of Overpayments Resulting from Recipient Error and Misrepresentation or Withholding of Information

All overpayments that appear to have been the result of recipient error, possible misrepresentation or withholding of information shall be referred to the Bureau of Special Investigations (BSI).



Recovery of overpayments resulting from recipient error, possible misrepresentation or withholding of information may be made only after review by the BSI. If a recipient has entered into an agreement with the BSI as to the amount to be recovered by a grant reduction, the worker shall use this amount in effecting the recovery.

If the BSI indicates the cause of the overpayment to be other than recipient error, misrepresentation or withholding of information, the worker shall institute recovery according to the provisions of 106 CMR 323.250, 323.280, and 323.290.

#### 323.280: Recovery from Previous Recipients

Recovery shall continue after a case closes when the amount of the overpayment is \$35 or more, unless the unit designated by the Department to administer recovery for cases that have closed determines it is no longer cost effective. When the Bureau of Special Investigations (BSI) has determined that the case involved fraud, recovery efforts must be made regardless of the amount of the overpayment. Upon agreement by the Department and former recipient, the former recipient may be allowed to make a lump-sum payment or monthly installment payments. Recovery must be made if the overpaid assistance unit again begins to receive assistance, regardless of the amount of the overpayment.

#### 323.290: Recovery from Current Recipients

##### (A) Method of Recovery

- (1) Recovery of an overpayment shall be sought from current recipients and previous recipients who apply for and are determined eligible for EAEDC. Such recovery shall be subject to the amounts specified in 106 CMR 323.290(B).
- (2) Except as specified in 106 CMR 323.290(A)(3), the methods of recovery shall be by:
  - (a) recoupment which is the recovery of an overpayment by means of a reduction in the recipient's grant;
  - (b) a lump sum payment;
  - (c) installment payments; or
  - (d) a combination of the three.
- (3) If a recipient who refuses or fails to pay or who has been repaying his or her overpayment to the Department through a lump sum payment and/or installment payments or a combination of methods specified in 106 CMR 323.290(A)(2) misses one of his or her payments, he or she shall be required to repay the remaining overpayment by recoupment as specified in 106 CMR 323.290(A)(2)(a) subject to the amounts specified in 106 CMR 323.290(B).



(B) Amount of Recovery

(1) Effective 11/1/92, the Department shall recover overpayments as long as the assistance unit retains from its assistance grant and other gross income combined a monthly amount equal to 90 percent of the appropriate standard of assistance (See 106 CMR 321.420) except as specified in 106 CMR 323.290 (B)(2) or (3).

A recipient may agree, through an arrangement with the Bureau of Special Investigations (BSI) (see 106 CMR 323.270) or the Department, to an amount that exceeds the amount specified in 106 CMR 323.290(B)(1).

(2) Except as specified in 106 CMR 323.290(B)(3), for recovery of overpayments initiated prior to 11/1/92, the Department shall recover overpayments as long as the assistance unit retains from its assistance grant and other gross income combined a monthly amount equal to 99 percent of the appropriate standard of assistance (See 106 CMR 321.420).

A recipient may have agreed or may now agree, through an arrangement with the Bureau of Special Investigations (BSI) (see 106 CMR 323.270) or the Department, to an amount that exceeds the amount specified in 106 CMR 323.290(B)(1) or (2).

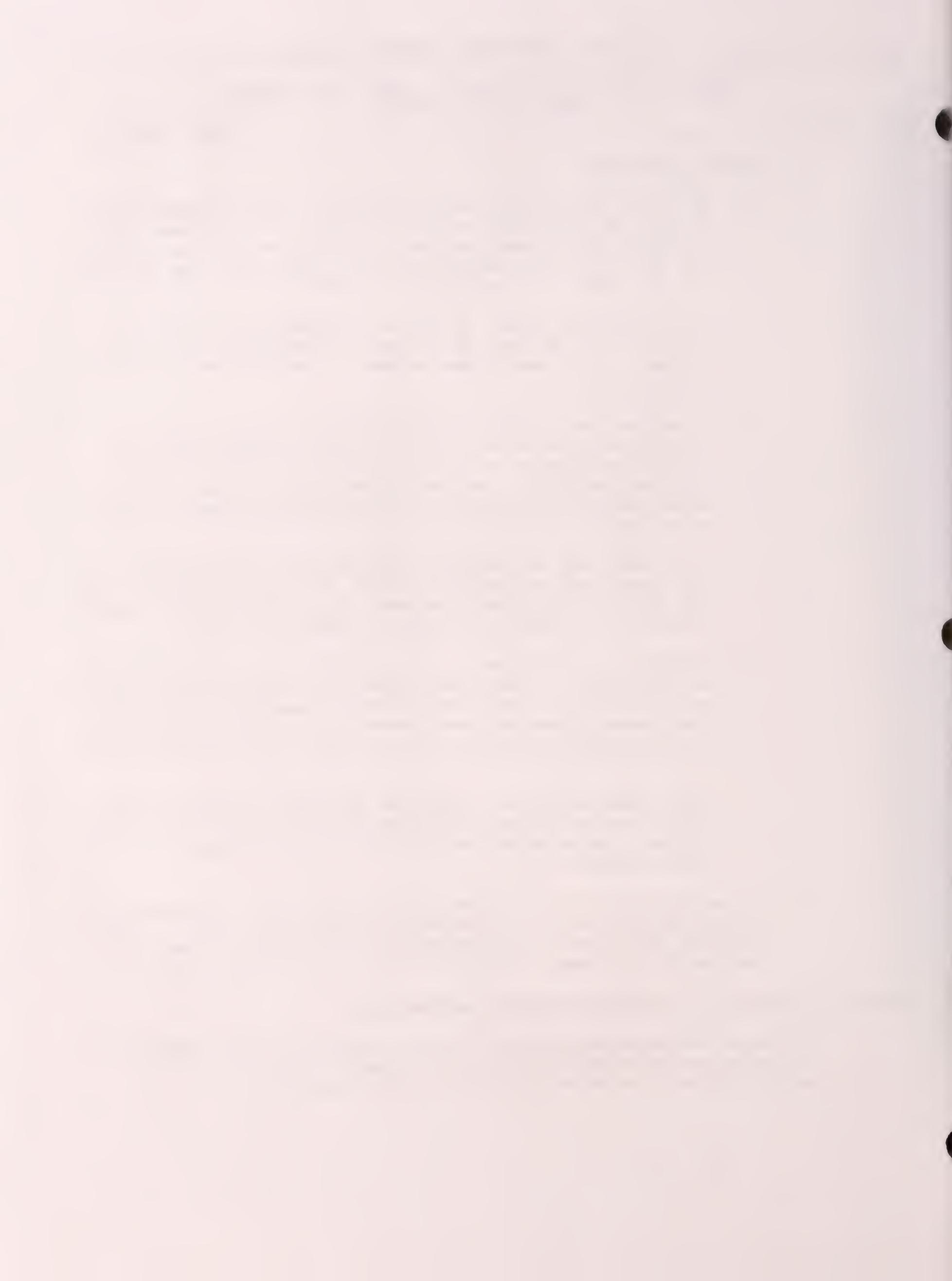
(3) Whenever a recipient meets the conditions specified in 106 CMR 323.290(A)(3), the Department shall recover overpayments as long as the assistance unit retains from its assistance grant and other gross income combined a monthly amount equal to 90 percent of the appropriate standard of assistance (See 106 CMR 321.420).

A recipient may agree, through an arrangement with the Bureau of Special Investigations (BSI) (see 106 CMR 323.270) or the Department, to an amount that exceeds the amount specified in 106 CMR 323.290(B)(1).

In determining the gross income, earned income shall be considered without application of the Work-Related Expense Deduction (106 CMR 321.270), the Dependent Care Deduction (106 CMR 321.275) and the \$30 and One-Third Disregard or the \$30 Disregard (106 CMR 321.280).

323.300: Prevention of False or Erroneous Representation

The Department shall periodically inform recipients of their responsibility for prompt and complete reporting of changes that may affect their eligibility and the amount of their assistance grant.



323.400: Delivery of Checks

(A) Checks are mailed to the home address of the recipient unless the recipient is on direct deposit for his or her checks. The local office director or designee may authorize delivery to a U.S. Post Office box, a private mailbox service or to the local office for pickup by the recipient in the following situations:

- (1) two or more checks have been lost or stolen and the recipient has signed a form prescribed by the Department in each instance;
- (2) the recipient resides in an area where the post office does not provide direct mail deliveries to homes; or
- (3) the recipient is in a temporary emergency shelter.

(B) A recipient who is not receiving his or her checks at his or her home address must provide two of the verifications specified in 106 CMR 323.400(E)(2) to prove residence at his or her given home address.

(C) A recipient who picks up his or her checks at the local office must present proof of identity and sign a receipt for the check(s).

(D) Prior to the authorization for delivery to a U.S. Post Office box or private mailbox service, the recipient must provide written verification from the Postmaster of the U.S. Post Office where the U.S. Post Office box is located or an official of the private mailbox service where the private mailbox is located. The verification must contain:

- (1) the box number; and
- (2) a statement that the U.S. Post Office box or private mailbox is recorded in the recipient's name.

The worker shall not authorize reimbursement for U.S. Post Office or private mailbox fees.

(E) When a recipient is temporarily absent from the Commonwealth (see 106 CMR 320.540), the local office director or designee may authorize delivery of checks to the temporary out-of-state address.

- (1) In cases where checks are sent to a temporary out-of-state address, continued residence or intent to retain residency, as appropriate, must be verified as specified in 106 CMR 323.400 (E)(2).
- (2) One of the following documents, provided it bears the name and Massachusetts address of the recipient, constitutes acceptable verification:
  - (a) a current rent receipt;
  - (b) a current gas bill;
  - (c) a current electric bill;
  - (d) a current telephone bill; or



(e) any other form of documentation that the supervisor has determined verifies the continued residence or intent to retain residency, as appropriate, of the recipient.

#### 323.410: Ensuring the Proper Direction of Checks

To avoid the misdirection of checks, the worker must require verification of address from an applicant or recipient who moves and requests a change of address.

Acceptable verification includes a rent receipt, statement from the new landlord, or a gas, electric or telephone bill that shows the new address.

#### 323.500: Lost or Stolen Checks

When a recipient reports that a check is lost or has not been received, the worker must determine the address to which the check was mailed and whether or not the check has been returned to the Department. If the recipient has reason to believe that the check has been stolen, he or she must report the theft to the police.

If a check has not been returned to the Department and four days (including the check date) have elapsed, the recipient may request a replacement check by signing a form prescribed by the Department. If he or she does so, he or she must be advised of the need to return the original check if it is received at a later date.

#### 323.510: Authorization of a Replacement Check

Unless the Department has reason to doubt the validity of the claim, the Department must approve a request for a replacement check when:

- (A) the original check is reported lost or stolen and four days (including the check date) have elapsed; or
- (B) the original check has been returned to the Department and the recipient has corrected the circumstances that made the check undeliverable; and
- (C) the approval process for the replacement of the original check is as follows:
  - (1) If fewer than 30 days have elapsed since the issuance of the original check, the supervisor must approve the replacement; or
  - (2) If 30 or more days have elapsed since the issuance of the original check, the local office director or designee must approve the replacement.

#### 323.520: Issuance of a Replacement Check

(A) Before issuing a replacement check, the Department shall:



- (1) request a stop payment order on the original check if the original check has not been cashed; or
- (2) require the recipient to sign a form prescribed by the Department that the endorsement is not his or hers if the original check has been cashed.

#### 323.530: Immediate Assistance Pending Replacement

If immediate assistance is needed, pending the arrival of the replacement check, food or shelter invoices, or both, must be authorized. The amount of such invoices must be deducted from the amount of the replacement check. If the check is not subsequently replaced, the amount of such invoices shall be considered an overpayment. This overpayment shall be subject to the overpayment regulations specified in 106 CMR 323.200 through 323.290.

#### 323.600: Vendor Payments

Vendor payments are money payments made directly to a provider of goods and services on behalf of recipients of EAEDC. Financial assistance in the form of vendor payments must be provided when:

- (A) The recipient has demonstrated an inability to manage funds, or a presumption of mismanagement exists, as specified in 106 CMR 323.610(A) below;
- (B) The recipient requests that vendor payments be established; or
- (C) Certain EAEDC-related benefits are authorized.

All plans for assistance in the form of vendor payments must be approved by the supervisor. When vendor payments are authorized as an alternative to full, direct money payments, the recipient must be given the opportunity to participate in the determination of the payment plan and in the selection of the vendor, to the extent that this is possible.

#### 323.610: Vendor Payments For Mismanagement of Funds

Vendor payments are required when a recipient has demonstrated an inability to manage funds. This means that the recipient has misused funds to such an extent that allowing him or her to manage the EAEDC grant is a threat to the health or safety of the assistance unit. Mismanagement must have continued for a period of at least one month before a finding of financial mismanagement may be made by the Department.

When it appears that a recipient has demonstrated an inability to manage funds, he or she shall be afforded the opportunity to request the establishment of voluntary vendor payments. (See 106 CMR 323.620.) If he or she does not request voluntary vendor payments, the worker must proceed to establish vendor payments on the basis of mismanagement.

##### (A) Presumption of Mismanagement

The Department reserves the right to presume mismanagement when one



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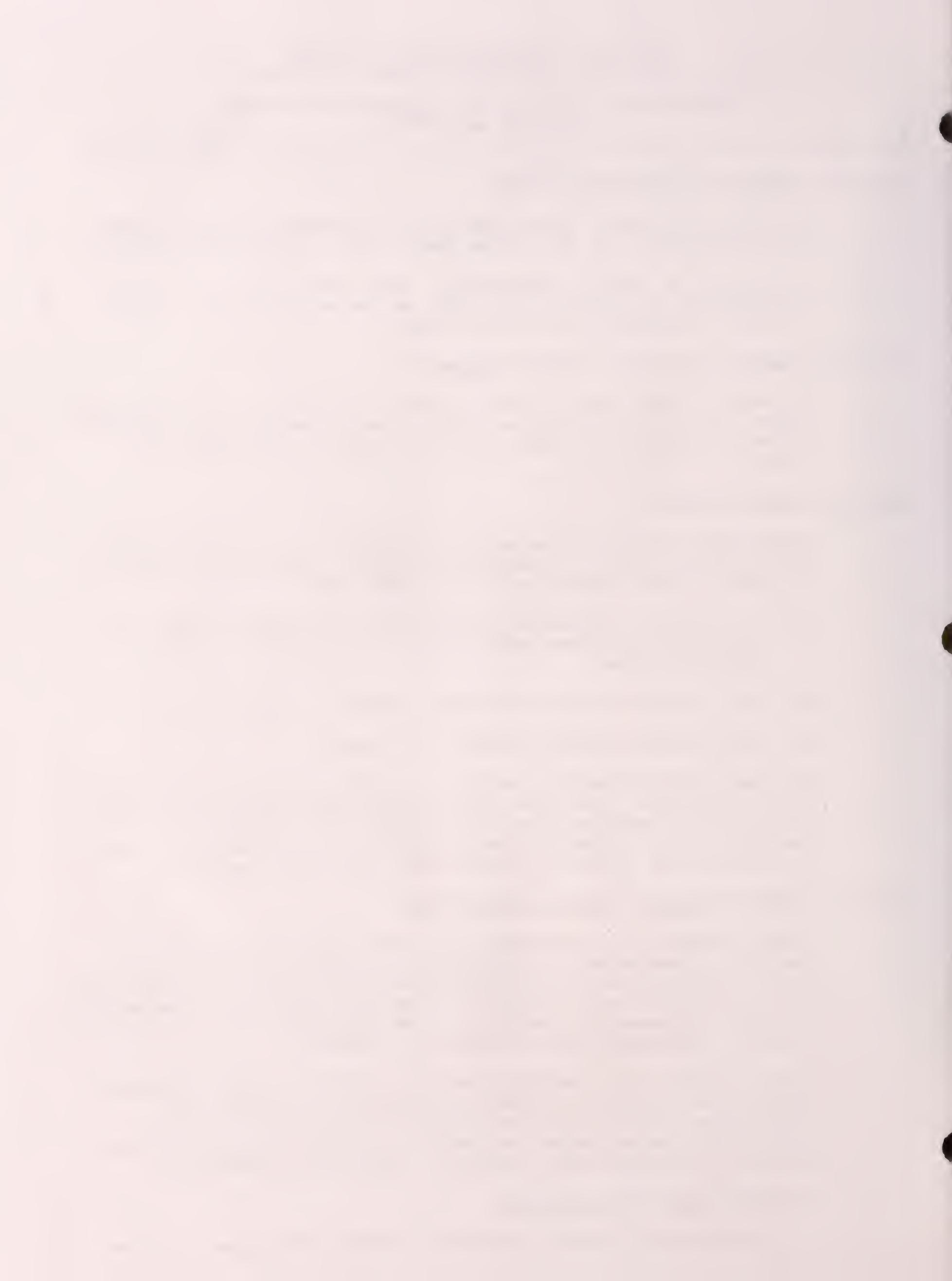
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322.600: Funeral and Burial Expenses

The Department may provide payment for funeral and burial expenses of a deceased EAEDC applicant, recipient, a person who was without sufficient resources or financially responsible relatives to pay for funeral and burial expenses or a person whose identity is unknown and found dead, in accordance with Massachusetts General Laws, chapter 18. If payment is made for such expenses, the Department has preferred claims against the estate and existing resources of the deceased applicant or recipient for the amount of any such payment.

Existing resources include, but are not limited to, savings, life insurance, RSDI and Veterans' Administration death benefits. In all instances where an applicant/recipient has ever been employed or was a Veteran, eligibility for these death benefits must be explored before payment is authorized.

The worker must determine the resources that exist to meet the expenses. When RSDI lump sum death benefits appear to be available, a claim must be filed by the widow(er), if any, and recovery made by the Department.

Veterans' death benefits will not be paid if the Department has already assumed the cost of funeral and burial. Therefore, it is essential that this claim be filed before the Department makes a commitment concerning the amount for which it will be responsible.

322.610: Payment for Funeral and Burial Expenses

The Department may pay a sum not to exceed \$1,100 for the funeral and burial of an applicant or recipient provided that the total cost of the funeral and burial, including but not limited to the provision of a suitable grave marker, does not exceed \$1500. Any resources available for funeral and burial expenses must be deducted from the maximum allowable cost (\$1500); the Department then pays the balance, if any, up to \$1,100.

To receive payment the funeral director must submit an itemized bill and a signed statement that the total cost of the funeral and burial and suitable grave marker does not exceed \$1500. He or she must also report any money paid or to be paid by sources other than the Department.

The payment shall be a vendor payment to the funeral director.

322.700: Transportation Assistance

The Department provides transportation assistance to recipients of EAEDC benefits who have requested assistance to move outside the Commonwealth. Transportation assistance is provided through agencies under contract to the Department.

The worker must refer an individual or family to the contracting agency if they indicate an interest in moving outside the Commonwealth and appear to meet the eligibility criteria. The referral will be made in writing on a form prescribed by the Department. The determination of eligibility shall be made by the contracting agency pursuant to standards set by the Department.



of the following situations exists: shelter costs, including, but not limited to, rent, heat, fuel, and utilities, have not been met; or an EA payment for arrearages (rent, mortgage, fuel, or utilities) is received by, or made on behalf of, the assistance unit.

Although other relevant considerations may be taken into account, the Department shall consider the following situations as exceptions to a presumption of mismanagement.

- (1) The assistance unit has experienced some emergency or extraordinary event for which it was appropriate for available funds to be spent; or
- (2) The assistance unit has withheld payment as a reasonable exercise of consumer rights when there is a legitimate dispute as to whether the terms of an agreement have been met.

**(B) Number of Vendor Payments**

The number of vendor payments authorized in cases of mismanagement depends on the circumstances of the case. If the recipient has had difficulty with the management of all budgetary items, the worker must provide for assistance for all items, except personal care, in the form of vendor payments.

If the recipient has had difficulty with only certain items, such as rent, the worker may make vendor payments for such selected items only.

**(C) Review of Cases Involving Mismanagement**

Cases in which vendor payments are based on financial mismanagement must be reviewed, for the purpose of determining whether the need for vendor payments continues, as frequently as is indicated by the individual circumstances, but no less frequently than every six months. The worker, with the approval of the supervisor, must terminate vendor payment status when there is evidence that the recipient is able to manage direct money payments.

**323.620: Voluntary Vendor Payments**

An applicant or recipient may at any time request that vendor payments be established. The request must be made in writing by the applicant or recipient and must be filed in the case record. Voluntary vendor payments shall continue until the applicant or recipient requests in writing that they be terminated.



323.630: Vendor Payments for EAEDC-Related Benefits

Vendor payments are also used to provide certain EAEDC-related benefits. 106 CMR 322 includes a description of these benefits.

If the benefit is provided as an advance on the grant, the amount of the vendor payment must be deducted from the amount of the grant on which it was drawn. Other benefits are provided in addition to the grant and are provided for in the amount prescribed in 106 CMR 322.

323.640: Determination of Amount of Vendor Payments

A vendor payment for housing must be made in the amount of the rent or mortgage payment contracted for by the applicant or recipient.

A vendor payment for fuel or utilities must be made in the amount of the monthly cost of the fuel or utility averaged over a 12-month period, as determined by the applicant's or recipient's arrangement with the fuel or utility company.

Regardless of the number of individual vendor payments made, the recipient must be provided with an allowance for personal care in the form of a direct money payment. The total amount provided by vendor payments and the direct money payment must not exceed the total amount of the grant for which the assistance unit is eligible.

323.650: Vendor Payments for Housing

When a vendor payment is made for rental housing, the worker must obtain written certification from the city, the town Board of Health, or, if in Boston, the Commissioner of Housing Inspection, stating that the housing complies with the minimum standards for health and safety established by that agency.

If the housing does not meet these requirements, vendor payments will not be made.

323.660: Notification of Request for Vendor Payments

An applicant or recipient must be given written notification whenever the local office receives a vendor's request that vendor payments for mismanagement be established on the basis of nonpayment of bills. The applicant or recipient, upon receipt of such notice, must be afforded the opportunity to request the establishment of voluntary vendor payments. (See 106 CMR 323.620.) If the applicant or recipient does not request the establishment of voluntary vendor payments, and a presumption of mismanagement exists, or if the Department otherwise finds that mismanagement exists, the local office shall establish vendor payments. (See 106 CMR 323.610.) The applicant or recipient must be given written notification of the disposition of the vendor's request.



323.670: Notification of Vendor Payment Status

An applicant or recipient whose grant is provided in the form of vendor payments must be given written notification of the payment status, the reasons for the status, and the right to a fair hearing.

A vendor must be given written notification whenever a vendor payment is initiated or terminated.

323.700: Quality Control

Quality Control is a system of continuing review designed to measure the accuracy of decisions on eligibility and the amount of assistance for AFDC, Medical Assistance, Food Stamps, and EAEDC.

The Division of Quality Control has responsibility for administering the review system.

323.710: Requirement of Cooperation with Quality Control Reviews

When a case is selected for review, the recipient is required to cooperate with the Quality Control review process as a condition of continued eligibility. Cooperation includes, but is not limited to, a personal interview with the Quality Control reviewer and the furnishing of information and verifications necessary to determine eligibility and the amount of assistance.









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